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Breckenridge. Held successful "General Membership Meeting at Annual Meeting. Anabolic steroid legislation. Tort Reform Legislation. Dealing with "MAAC." New Immunization Consent Forms from CMS. Communication Collaboration with Colorado Department of Health. AIDS legislation supported by CMS. Legislation on distribution of tobacco products. Mandatory use of seat belts. Establishing a mandatory arbitration act. Treatment plans by chiropractors. Regulation of X-ray producing machines. Field sanitation standards for farm workers. Addressing the survival of medical practice in the 80s. Mini-Internship Program. Upholding standards of quality in continuing medical education. Practice management seminars. Continuous monitoring of medical-legal issues. Strengthening relations with University of Colorado School of Medicine. Creation of hospital medical staff. Women In Medicine. Young Physicians and Resident Physician Sections. Reorganized CMS Component Society Districts. Re-instituted CMS Physician Placement Program. CMS Education, Research Foundation. Increases CMS membership. Workmen's compensation Advisory Committee. Updated Workmen's compensation Fee Schedule. Peer review Task Force. Creation of the Council on Patient/Physician Advocacy. Medicare Advisory Committee. 65th anniversary of CMS Auxiliary. Medical reimbursement system restructuring study. Membership marketing, recruitment, retention committee. Established Task Force on the Colorado Health Data Commission. Colorado Jail Health Care Project looks at AIDS, dispensing medicines, jail accreditation and "How Much Is Enough In Colorado Jails?" Maternal & Child Health Committee sponsored survey on OB care in Colorado. Council on Community Health Issues addresses Breast Cancer. Physician appointed to Governor's Council on Welfare Reform.

Medicaid Suit, Alternative Delivery System Task Force, Component Society Visitations, 117th Annual Meeting

CMS Membership theme establishment:

"Colorado Medical Society - Working For You!"

Established CMS Specialty Society Congress. Terminated CMS pension plan. Reversion of excessfunds to CMS "reserve fund." Installation of 800-WATS line for CMS/Colorado members...call home! Coalition on the medically indigent. Socio-economic monitoring system. Alternative delivery system study. AMA-ERF fund receives over \$16,000 from CMS Auxiliary. CMSA active in legislative matters and in support of seat belt law, volunteering with the Hall of Life, Ronald McDonald House and scholarship projects. Monthly Medicare alerts and updates. Medicaid bulletins published in *Colorado Medicine*.

Activated Committee on Health Issues for Senior Citizens, chaired by Dr. Mildred Doster. First

year of Physician Health Care Program successful. Dr. Edmund Casper lauded

for his help in creating this effective program. Publication of CFMC

"Quality Assurance Process," and

"Pro Sanctions-The Facts."

Establishment of the COPIC Agency, handling full line, full

service insurance functions. National monitoring of

professional liability insurance crisis. Frank A. Traylor, Jr., MD,

recognized for outstanding public service by Colorado

General Assembly. Hall of Life merges with Denver Museum of

Natural History and moves to all new quarters. Colorado

Foundation awards Hall of Life \$1 million/4-part grant for health

education. CMS legal counsel begins monthly "Medico-Legal

News Report." Committee on Environment looks at radon, oxy

fuels and asbestos. SIDS resolution urging better use of autopsies to

properly identify cases of SIDS. "CMS Goes To Washington, D. C.," another

successful trip with CMS leadership talking with each member of the Colorado delegation.

Computerization and standardization of magazine and CMS publications. More timely, late-breaking

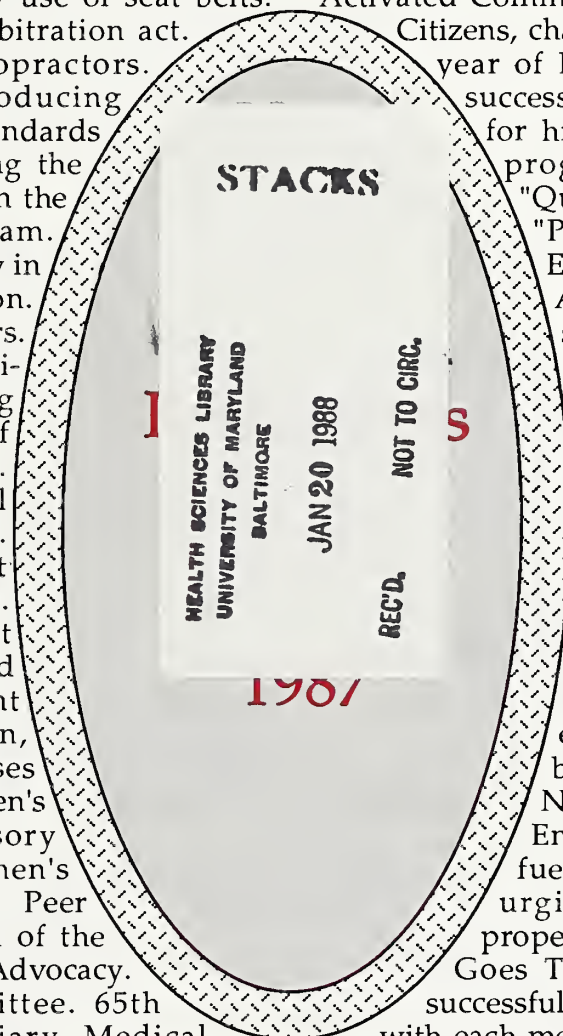
news to help you in your practice. Increased member input to communications. Electronic mail

system established between CMS and component societies. Western Slope component society offices

opened. CMS negotiates additional money-saving member service programs for next year.

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colorado medicine

COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

Harold F. Frye, Executive Editor
William S. Pierson,
Director of Communications,
Managing Editor

COLORADO MEDICINE magazine is the official journal of the Colorado Medical Society, but as such is also authorized to carry general advertising. Publication of any advertisement in COLORADO MEDICINE does not imply an endorsement or sponsorship by the Colorado Medical Society of the product or service advertised. Published articles represent opinions of the authors and do not necessarily reflect the official policy of the Colorado Medical Society unless clearly specified.

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Conferees Reach Agreement

The Senate and House Budget Conferees reached agreement late Sunday (12/20) on most Medicare issues. Considering the pressure from Gramm-Rudman, the stock market crisis, the Administration's insistence against tax increases and the anti-physician sentiment of Representative Pete Stark and others, the AMA was able to accomplish several victories and scale back the more onerous proposals generated by the various Health Committees.

On a positive note:

- o Mandatory assignment, MD DRGs, and a year long physician fee freeze were prevented.
- o A proposal to harass non-participating physicians by requiring them to fill out Medicare claim forms on non-assigned claims was defeated.
- o Mental health benefits under Medicare were increased.
- o The MAAC program was amended to bring relief to physicians who practiced prior to April, 1984 but hadn't billed for a particular service during the April-June quarter.
- o The PRO program was amended to allow an Administrative Law Judge hearing prior to an exclusion going into effect.
- o The Vaccine Compensation Program was amended to provide the same protection from malpractice suits to physicians as provided for vaccine manufacturers.
- o The yearly sign-up deadline for the Participating Physicians program has been modified.

Medicare Physician Reimbursement for 1988 and 1989 was subject to a series of changes:

- o The Conferees settled on an "MEI Grid" (see chart below) awarding larger increases in payment for primary care services.
- o The Gramm-Rudman sequester cuts will be in effect for both Part A (hospital) and Part B services through March 31, 1988.
- o The Conferees selected 15 procedures to be subjected to a 2% across-the-board cut (individual prevailing by carrier). Any charge at or below 85% of the national weighted average will not be cut. In addition, these same procedures will be cut on a sliding scale from 0 to 15% for areas with prevailings above the national average.
- o A radiologic fee schedule with limits on actual charges will be developed for 1989, restricted to radiologic services performed by Board certified or Board eligible radiologists.
- o The clinical labs fee schedule for automated tests will be reduced 5 percentage points, non-automated will be penalties imposed on physicians billing for lab tests on an unassigned basis.
- o MAACs for all services will hereinafter impose a flat limit on charges (eliminating the weighted average) subjecting physicians to potential penalties for each charge above their MAAC.

C/M

"MEI GRID"

		1988	1989
Primary Care Services	Par	3.6%	3.0
	Non Par	3.1%	2.5
Non-Primary Care Services	Par	1.0	1.0
	Non-Par	0.5	0.5

THE NATIONAL NEWS MEDIA TOOK A MORE CAUTIOUS APPROACH IN REPORTING annualized new medicare hospital mortality data released by HCFA than they did a year ago when the statistical information was made public for the first time. The AMA and other medical organizations repeatedly have expressed opposition to public release of the complex, insufficiently interpreted data in the belief that they are beyond the comprehension of beneficiaries and lead only to unnecessary confusion and apprehension. That became evident last year when hospitals were compelled to translate on a crisis basis to the media and concerned individuals just what the comparative data meant and did not mean. HCFA's purpose in releasing the information (done on a Freedom of Information Act request in 1986) is to provide mortality figures that are compared to an "expected" range of mortality predicted by a statistical mode. The agency contends, despite almost universal dissent by medical groups, that this information can be used to measure hospital performance and that the data can aid consumers in choosing where to be hospitalized.

HCFA held a Washington, D.C. press conference late yesterday to formally release the data. The information it compiled presents data in alphabetical order by state and by individual hospitals within a state. Overall patient mortality by hospital is provided for 16 specific diagnostic categories (based on DRG codes).

IN RESPONSE TO THE RELEASE, AMA ISSUED A STATEMENT THURSDAY (12/17) THAT IS INTENDED TO PLACE THE DATA in proper medical perspective and to arouse necessary cautions. Here is the statement issued by James H. Sammons, M.D., AMA Executive Vice President:

"Mortality statistics released by the U.S. Department of Health and Human Resources on December 17 are by no means a measure of the quality of medical care rendered in hospitals.

(Continued on following page)

The AMA believes that patients should be provided with relevant information regarding their health care, but we believe the current Health Care Financing Administration (HCFA) data does not fulfill that goal. Distributing this data provides no meaningful value to patients and will very likely be misleading. In addition, releasing it will do irreparable damage to physician-patient relations.

"Important variables such as how severely ill each deceased patient was when admitted to the hospital have been omitted from the report. Other important information affecting the probability of death have not been included, so the difference between a hospital's actual and predicted mortality rates cannot be construed to reflect especially high or low quality of care."

Reasons for AMA's objections to the public release of the data were reiterated last night on McNeil-Lehrer's nationally syndicated television news show by James H. Todd, M.D., AMA's Senior Deputy Executive Vice President.

CIM

THE DIRE NEED FOR TORT REFORM MUST BE ADDRESSED IN 1988 PRESIDENTIAL ELECTION CAMPAIGNS, the American Tort Reform Association has told each of the announced candidates. In letters sent to those candidates the week of 12/7, James Coyne, ATRA President, asked for appointments in January or February so that spokespersons could discuss with them the impact of the lawsuit crisis on the American consumer and identify solutions for reforming the nation's legal system. ATRA is a broad-based, bipartisan coalition of more than 400 organizational and 500 individual members and contributors whose sole agenda is to return fairness, balance and predictability to the civil justice system. The AMA is represented on ATRA's Board of Governors and its Steering Committee.

There is a critical need to address the lawsuit crisis, ATRA said in its letter seeking the face-to-face meetings. "It is

essential that this issue be debated in the 1988 Presidential election because the problem has had such a pervasive effect on American society—from the closing of day care centers and athletic fields to the unavailability of advances medicines," the communication noted. "All polls show that American consumers are keenly aware of the lawsuit crisis and want legal reform even when they are reminded that such reforms may affect their ability to recover damages. They know they will continue to pay high prices and to suffer from reduced goods and services as long as the crisis remains unabated."

CIM

"...impact of the lawsuit crisis on the American consumer and identify solutions for reforming the nation's legal system.."

A TAX PROPOSAL THAT WOULD HAVE IMPERILED THE PUBLIC EDUCATIONAL CAPABILITIES OF MEDICAL SOCIETIES and other trade associations was abandoned Thursday by House-Senate conferees who worked out tax provisions of a budget reconciliation package. Under the House-adopted bill, H.R. 3545, the AMA and other medical associations having 501(c) 6 tax status would have been required to pay taxes on their "unrelated business income." Thursday (12/17/87) the House acceded to the Senate by scuttling the proposal which would have diverted resources that medical and trade associations commit to public service activities. The proposal clearly would have discriminated against medical and trade associations. A major portion of the credit for defeating the Unrelated Business Income Tax proposal goes to national medical specialty societies, state medical associations and the county medical societies who motivated strong Congressional opposition to the proposal in conjunction with parallel AMA activities.

CIM

A BAN ON CIGARETTE SMOKING ON COMMERCIAL AIRLINE FLIGHTS OF TWO HOURS OR LESS WAS APPROVED on 12/16 by House-Senate conferees who met to reconcile differences between House and Senate transportation appropriations bills. Approximately 80% of all domestic flights would be affected. The prohibition would become effective within four months after a budget reconciliation package is adopted and would be in effect for two years. Both passengers and airlines would be subjected to heavy fines for any violations. The action, strongly supported by the AMA which urged a complete ban, earlier this year had been given doubtful chances of surviving the legislative process. Proponents, however, steadily gained support from national organizations and individuals backing the ban as a needed public health measure. The AMA played a major role in building coalition support for the ban. The House in July passed a bill to impose the ban on flights of two hours or less. The Senate in late October, in a compromise to stave off opposition from tobacco-state legislators, voted to restrict the ban only to flights of 90 minutes or less. Pipe and cigar smoking on flights were prohibited in 1983.

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WHO'S (OUT THERE) TO BLAME?

by Clyde Stanfield, M.D., Psychiatrist, Denver, Colorado

Ed: The following is an article by guest writer, Dr. Clyde Stanfield, who (with a little nagging) is sometimes willing to share his views of the current scene with COLORADO MEDICINE. Dr. Stanfield, for a number of years, was chairman and member of the Editorial Committee of the Rocky Mountain Medical Journal.

We're fast becoming a society of paranoiacs. Not in the sick (psychotic) sense of feeling persecuted--just in our knee-jerk reaction to trouble by projecting blame as individuals on some other Guy or on a mitigating circumstance. Ready targets (scapegoats) are, for example, political activists, aspirants for public office, TV evangelists/hucksters--and even one's more advantaged next-door neighbor.

Imagine a Yankee-born Rip van Winkle coming forward in time from his rearing amid the vaunted New England work-ethic and (necessary) self-reliance then, arriving now to witness today's triumphs and sophistication. He'd suffer an instant culture shock when confronted by our Age of Entitlements (What's in it for me?), by an era in which pioneer productivity has given way to the manipulators: mergermania and quick deals for the megabuck. More frighteningly, he'd find himself in a time when being a leader or innovator is downright dangerous.

Today's leader/innovator makes a high-profile target, should anything go wrong. And meanwhile the doer in our society readily becomes a nagging (proctalgic?) irritant to his peers, to those who chose to stay sate, who are acutely fearful of change.

One of today's greatest sins is to try something new, different, novel--and have it fail. Media attention and social

exile follow in a flash. The conformists ("team-players") out there get nervous and angry when faced by others more self-reliant and less orthodox. Such disruptive miscreants are highly suspect because of their independence: "What's their angle?"

***"...future generations
will be dunned (with-
out representation)
for our deficit spend-***

Somewhere in our relentless march toward self-serving ease and social "security" we've abandoned our forefather's stubborn self-reliance and ingenuity. Instead we've embraced the safety net of being followers and Monday-morning critics of those who've chanced things. We gather in our "entitlements" even while knowing that future generations will be dunned (without representation) for our deficit spending.

The dilemma becomes starkly clear as we weigh the rigors of fiscal solvency against well-intentioned liberal humanism*; viz., doing nice things for the world's helpless and hungry. Indeed if our civilization were to be graded by its compassion for its children, aged, nedy, and infirm, America gets high marks for progress since FDR. But President Roosevelt opened Pandora's box when he set aside fiscal realities to meet that "temporary" emergency. There's the

rub: political crises become self-perpetuating, rather like those emergency Quonset huts erected along the Washington D. C. Mall, which continued to mar the scene for decades after World War II. But then when hard-nosed budgeteers come on stage, they're typed as Bad Guys: heartless foreclosures on insolvent widows--the personification of a non-caring government.

Our Founders' remarkable prescience didn't assure that the people's elected representatives would risk their personal popularity and incumbency for the sake of national long-term objectives and fiscal responsibility. Nor could our Founders have foreseen the peril to democracy posed by, say, Soviet perseverance and monolithic opportunism--these in conspicuous contrast to our vacillations with each administration, to the divisiveness of our conflicting and multiple opinions. Here we're without constitutional guarantees: we can only hope (with Jefferson) that the collective wisdom of democracy will somehow prevail over the single-minded expediency of the competing despotisms out there in the real world.

At least we have one edge: our freedom to look at ourselves, to dissent from Authority, to play the Reality Game with a fuller deck than is dealt in authoritarian systems. This may just be the winning ace in our hole at international poker.*CM*

**Relevant definitions:*

Conservative: One who never wants to do anything for the first time; who wants to keep what our liberal forebears fought for.

Liberal: One who believes that anything new has to be better.

CM

GRAND JUNCTION PHYSICIAN NAMED TO NATIONAL SO- CIETY EXECUTIVE COMMITTEE

Larry D. Tice, M.D., Grand Junction, CO, was elected to the Executive Committee of the Congress of Neurological Surgeons at the organization's annual meeting in Chicago. Dr. Tice is on the active staff of St. Mary's Hilltop Rehabilitation and Community Hospitals in Grand Junction. He also serves as Clinical Assistant Professor of Surgery - Neurosurgery at the University of Utah.

Dr. Tice's professional memberships include the American College of Surgeons, the American Association of Neurological Surgeons, the Rocky Mountain Neurological Society, and the Western Neurological Society. He is also currently a member of the Mesa County and Colorado Medical Societies.

CIM

ington to the local newsroom and from the newspaper carrier to the publisher.

Barbara Barrow of the University of Colorado Health Sciences Center is putting together the medical panel. Several emergency situations, including the Rocky Mountain Natural Gas explosion in Gnelwood Springs and the plane crash at Stapleton, pinpoint the press-medical tensions that can occur. CIM

NOTICE:

CMS has available a continuing medical education independent study guide entitled Cholesterol: Current Concepts for Clinicians. This module is a product of the National Heart, Lung, and Blood Institute of the National Institute of Health and is a part of the National Cholesterol Education Program.

CMS wants to make this information-packed resource available to programs or organizations with special interest in this important project. Please contact Dave Haggerty at CMS for more information.

CIM

DEADLINE FOR RE- PORTS AND RESO- LUTIONS FOR THE 1988 INTERIM MEETING

According to the CMS Bylaws, all reports of officers, Boards, Councils and Committees and all Resolutions to be considered at the 1988 Interim Meeting must be in the hands of the Executive Office by January 18, 1987.

Anything received after this date will be considered late and will not be in the first mailing to the House and may not be addressed at this meeting. We encourage you to have any reports and resolutions in by the deadline so that there will be adequate time for review by the Delegates to the House.

COLORADO PRESS ASSOCIATION CON- VENTION EMPHA- SIZES BUILDING BRIDGES

At its annual convention, February 18-20, in Denver the Colorado Press Association is going to concentrate its workshops on building bridges...not the typical mechanical bridge, but a span predicated on knowledge and understanding.

Convention Chairman Carl Miller of The Denver Post said the "idea is to help us better understand the problems we face, the problems of our sources, problems within our own individual newspapers and to help us find ways to solve them.

The convention workshop program, entitled "Building Bridges: Among ourselves, with our sources, and with our readers," will span a three-day program consisting principally of three workshop panels: (1) hospitals, emergency medical technicians and doctors; (2) political reporting, access to local governments, and business questions; (3) from Wash



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by Thomas Balkany, M.D., Chairman
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and Carol Tempest, Director
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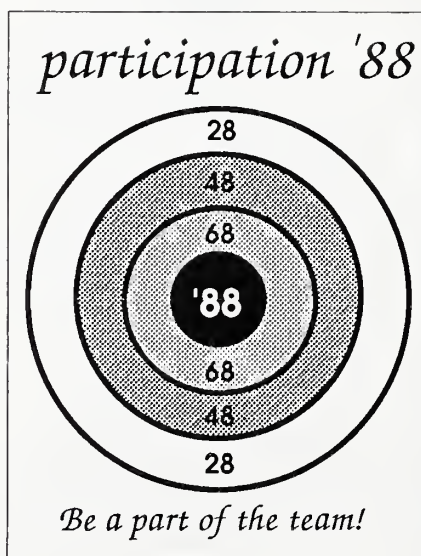
LEGISLATIVE INTERIM COMMITTEES: After threatening to refuse interim committee status to some of the extensive list of bills, the legislative council released all of the bills created by the long-term health care and medically indigent committees. CMS has attended meetings held with small groups concerned with specifics of these bills, and CMS and the Colorado Hospital Association (CHA) representatives have been a part of each other's government affairs meetings.

GOVERNOR'S TASK FORCE: The task force conceived by Governor Romer with appointments by him and legislative leadership has been meeting on a regular basis and has deadlines of December 31 for an initial report and mid-February for a final one. The insurance industry and defense and plaintiff attorneys have done much finger-pointing; physicians who deliver babies have told dramatic stories; the nation-wide consumer movement brought its traveling salesman. It's a show - but a valuable one - and we sense that increased knowledge and public attention will save the day. The excellent committee membership is a real plus in the outcome.

CMS TASK FORCE ON PROFESSIONAL LIABILITY: The task force is chaired by Dr. Richert Quinn, and members represent component societies, specialty societies, insurance, et al. The group was formed to write legislation which will alleviate the current professional liability crisis. The planned

legislation addresses a number of tort reform issues and attempts to fill gaps in 1986 legislation that have played a role in COPIC's inability to lower its rates.

PARTICIPATION '88: A committee chaired by Dr. Ben Galloway has been formed to encourage the participation of physicians and their spouses in the 1988 election process. The first goal is registration with a political party by February 4. Only by being registered with a party can one take part in a political caucus at which time the process begins.



AMA LEGISLATIVE MEETING: The annual AMA State Legislative meeting will be held in Palm Desert, California, January 6-9. Dr. and Mrs. Patrick Sullivan and Carol Tempest will

be attending. It is always valuable to meet with people from other states doing the same thing you're doing, but this year's meeting promises a special reward. A "Confidential" letter arrived from AMA stating only that a model concept would be introduced at the Palm Desert meeting which would set up a fault-based administrative alternative to the traditional jury/court system. AMA, 30 medical specialty societies, and the Council on Medical Specialty Societies have co-drafted it. It sounds exciting and could have been a real part of early thinking by CMS and COPIC. We are looking forward to seeing it.

We have arrived once more at a busy legislative session. Please feel free to express opinions by phone or letter, and better yet, by attending meetings of the Council on Legislation. Just call CMS at 799-5455 to indicate your interest.

LATE NEWS - TWO NEW SENATORS SWORN IN: Bob Schaffer (R), Ft. Collins will replace Senator Jim Beatty. Senator Schaffer served as Majority Administrative Assistant to the Senate during 1987. Married and the father of six month old twins, he will be the youngest member ever to serve in the State Senate.

Representative Tom Norton (R), Greeley, was elected to fill the vacancy caused by the resignation of Senator John Donley. No information was available at press time concerning the appointee for Norton's House seat.

C/M

Listed below is the report of the major actions which would be of interest to CMS:

Reference Committee on Amendments to Constitution and Bylaws

1) Report A of the Council on Ethical and Judicial Affairs report - Ethical Issues Involved in the Growing AIDS Crisis.

This report was referred back to the Council for further study. This report provided guidelines on three important issues relating to the AIDS epidemic. A summary of the three guidelines is as follows:

a) A physician may not ethically refuse to treat a patient solely because the patient is seropositive.

b) Where there is no statute that mandates or prohibits the reporting of seropositive individuals to public health authorities and a physician knows that a seropositive patient is endangering a third party, the physician should 1) attempt to persuade the infected patient to cease; 2) if persuasion fails, notify the authorities; 3) if the authorities take no action, notify the endangered third party.

c) A physician who knows that he or she has an infectious disease should not engage any activity that creates a risk of transmission of the disease to others.

Reference Committee A - Insurance and Medical Services

1) Board of Trustees Report D - A National Study of Resource-Based Relative Value Scales for Physician Services: Status Report

This report was filed. The following resolution was adopted: That the American Medical Association Board of Trustees develop criteria by which the relative value study can be evaluated, seeking input from the various national specialty organizations and such criteria be provided for review by the members of the House of Delegates as soon as available but no later than the 1988 Annual Meeting; and that the Board of Trustees develop recommendations for implementation of the relative value study, assuming acceptance by the AMA, to

include both specific methodology and time to achieve full re-alignment.

2) Council on Medical Services Report I - MAACs: Current Status

This report was filed. The following resolution was adopted: that the American Medical Association continue to make every effort to prevent physicians from being penalized, persecuted or prosecuted for unintentional possible medical maximum allowance actual charge (MAAC) violations and that the AMA continue to make every effort to relieve physicians of the inequitable MAAC provisions which serve no useful purpose either for government, patient or physician; and that the AMA continue to make every effort to effect the elimination of the artificial and misleading characterization of physicians as "participating" or "non-participating".

3) Council on Medical Services Report J - Blue Cross and Blue Shield Medical Necessity Program: Diagnostic Testing Guidelines.

This report was adopted. The report reviewed the background of and the concerns expressed about the Blue Cross and Blue Shield Diagnostic Testing Guidelines, recommends that the AMA oppose arbitrary payment decision rules, including the use of these guidelines on a claim-by-claim basis.

4) Council on Medical Services Report K - Access to Care in Rural Areas

This report was adopted. The report recommends that the AMA continue to aggressively seek implementation of current AMA recommendations to improve rural health care and that it monitor the effectiveness of actions taken and recommend changes as necessary.

A resolution was also adopted calling for the American Medical Association to urge Congress and the U. S. Department of Health and Human Services to make available emergency funds to assist small and rural hospitals in dire economic difficulties due to inadequate Medicare and Medicaid reimbursement to these hospitals until long-term solutions are identified and implemented.

Reference Committee B - Legislation

1) Report RR of the Board of Trustees - Report of the Special Task Force on

Professional Liability Insurance and the Advisory Panel on Professional Liability.

This report notes the continuing problems associated with professional liability, describes recent federal activity in this area, and describes recently developed alternatives to the civil justice system. This report was adopted.

Reference Committee D - Hospitals and Medical Facilities

Many of the reports and resolutions from this Reference Committee will be referred to the Hospital Medical Staff Section for consideration.

Reference Committee E - Scientific-Public Health

1) Report C of the Council on Scientific Affairs - AIDS Education

This report was adopted. The report details national educational efforts for the prevention of AIDS. The report recommends that the AMA encourage increased educational efforts, national coordination, a national planning conference and targeting of programs to specific groups.

2) Report B of the Council on Medical Services - Financing of Care for AIDS - The HIV Epidemic

This report was adopted. The report addresses the critical issue of whether the private insurance market and existing public programs can adequately provide health expense protection to HIV-infected persons and persons with AIDS. The report concludes that these programs, coupled with a significant expansion of state risk pools, provide the best approach.

3) Report X of the Board of Trustees - AIDS Risk Factors and Guidelines for the Health Care Setting

This report was adopted. This report recommends that both employers and employees have a responsibility for keeping themselves informed about HIV infection, its detection and manifestations and its transmission. They should jointly participate in the development of institutional policies for the control of HIV transmission in their environment.

(Continued on following page)

a) Resolution 83 - HCFA Preferred Provider Program

This resolution was adopted. It calls for AMA to make every effort to impact upon the development of the Health Care Financing Administration's proposed preferred provider program.

b) Resolution 67 - Bounty System in the Office of the Inspector General

This resolution was adopted. It calls for the AMA to work to eliminate the bounty system in the Office of the Health and Human Services Inspector General which provides employees with bonuses based on the number of sanctions imposed and penalties recovered.

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February 8, 1988

SCHEDULE:

9:00 a.m. Governor's Residence - Coffee
Mrs. Romer's First Impressions Program will be Presented.

10:00 Capitol - Legislative Briefing
Senator Claire Traylor, CMS Lobbyist Carol Tempest and Specialty Lobbyist Charles Marcus will provide legislative updates.

Senate and House will be in session for observation.

11:30 a.m.
University Club - Social Time and Lunch
Noon Lunch with Legislators
Counties invite legislators to be guests for lunch.

1:30 p.m.
Committee hearings begin and can be observed.

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UPDATE

FROM THE COMMITTEE ON SCHOOL HEALTH AND SPORTS MEDICINE

Donald E. Cook, M.D., Chairman

PROBLEMS FOR PHYSICIANS DEVELOP BECAUSE OF MAINSTREAMING HANDICAPPED STUDENTS —

The Colorado Medical Society Committee on School Health and Sports Medicine has determined that the mainstreaming of severely handicapped students into the public schools (as mandated by PL 94-142 and PL 99-457 which places these students in the least restrictive environment) has allowed many students to be placed in schools with inadequate or no nursing care or medical facilities. Because of severe financial limitations, most schools are unable to hire school nurses or other qualified health care personnel to staff their schools. This leaves the handicapped students in a medically precarious situation since many of them require complicated, technically difficult medical procedures. This problem has been handled by the schools by having less qualified personnel such as secretaries, typists, occupational therapists, physical therapists, nurses aides, and principals perform these medical procedures. These procedures may include catheterization, suction of tracheostomy and gastrostomy tubes, respiratory therapy, and treatments giving out medications and so forth. These are procedures that should be performed only by medically trained personnel, because when incorrectly performed damage could be done to the student. In today's medical malpractice climate, this can be dangerous for both the schools and the physician of record who takes care of the child. Besides the danger to the student, other problems arise because of existing state laws or interpretations of these state laws.

First, our Colorado Board of Medical Examiners has interpreted current Colorado law to say that the child's physician of record is responsible to see that any treatment or therapy needed by

a handicapped student in the schools be carried out correctly. They have also said that the physician is responsible for making certain that the persons carrying out the procedures are adequately trained to do so. This places the physician in a "Catch-22" situation, where he/she is legally responsible for acts of others over whom he/she has absolutely no control for ensuring either their training or terms of their employment.

The second problem is that the Nurse Practice Act in Colorado is interpreted as stating that registered school nurses may lecture and provide demonstrations of how to care for these children, but may not supervise non-licensed personnel such as secretaries, aides, and so forth while they are performing these clinical procedures on their patients.

"...increase the physician's risk."

This increases the risk and the chance that a mistake may be made by non-medical personnel when they care for these students. This in turn increases the physician's risk. Currently, even if a physician is directly involved in developing the student's school medical program, which usually doesn't happen, there is no assurance that the school will have the medically trained personnel requested by the physician to carry out the procedures.

According to the preliminary opinion of CMS legal counsel, the current guidelines for care of these students leave physicians unprotected in several areas. Their opinion states that the guidelines must not permit latitude in determining who might ultimately administer treatment. The delegation of duty for the provision of care should be clear as to the identity and training of the treatment provider. The physician

involved should also receive assurance from the school board that only properly qualified individuals are and shall continue to be available to provide the specific treatment necessary.

Necessary changes will need to be made to correct this situation possibly by amending existing statute or by amending existing rules and regulations of the Board of Medical Examiners and the Colorado State Nursing Board. If deemed the appropriate strategy, it will be imperative that the Colorado Medical Society begin working with the legislature as soon as possible to accomplish this change. Necessary changes will not only make the schools a safer place for these students, but should relieve the intolerable liability situation to the physician.

The Colorado Medical Society Committee on School Health and Sports Medicine is continuing to work on this important issue.

Additional information of interest:

PHYSICIANS OVERSEEING ATHLETIC TRAINERS

- A letter we received from a concerned physician which states a physician who is responsible for the supervision of Athletic Trainers or directly gives any student permission to participate in athletic activities may incur a liability for negligence if such an individual becomes injured in the course of that activity for which the physician has given permission. This is especially so if the injured person did possess some defect that the physician failed to recognize as a potential weakness which could become potentially aggravated by the athletic activity. There is a non-Colorado case in trial preparation at this time which the Committee on Sports Medicine will follow for updated information.

(Continued on following page)

UPDATE

(Continued from preceding page)

VIDEOTAPES

• UCHSC has been developing videotape training packages for the past three years for national dissemination to professionals in health and education, para-professionals, parents and others who care for children with disabling conditions. Packages now completed are 1) Clean Intermittent Catheterization; 2) Positioning for Infants and Young Chil-

dren with Motor Problems; 3) Home Oxygen for Infants and Young Children; and 4) Cardio-Pulmonary Resuscitation and Emergency Choking Procedures for Infants and Young Children. A need for a standardized evaluation tool to accompany these training tapes has been identified. UCHSC is developing a grant proposal for the development of a parallel track evaluation videotape for each new training package to be produced. The evaluation tape will test trainees' information, analysis and decision-making ability in relation to specific technical health related skills.

Oxygen for Infants and Young Children; and 4) Cardio-Pulmonary Resuscitation and Emergency Choking Procedures for Infants and Young Children. A need for a standardized evaluation tool to accompany these training tapes has been identified. UCHSC is developing a grant proposal for the development of a parallel track evaluation videotape for each new training package to be produced. The evaluation tape will test trainees' information, analysis and decision-making ability in relation to specific technical health related skills.

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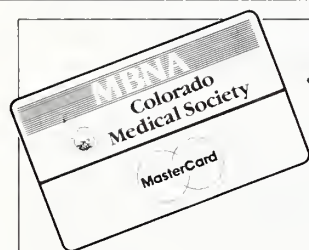
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6/87

CMS Women In Medicine Section



by Elizabeth Kraft, M.D., Member
CMS Women In Medicine Section
Ellen Stein, Director

The Women in Medicine Section is pleased and proud to be accepted as an integral part of the Colorado Medical Society. It was voted in by the House of Delegates as an official section on September 12, 1987 at the Annual Meeting of the Colorado Medical Society in Breckenridge, Co.

Prior to that, the Task Force on Women in Medicine had been meeting for over a year. The Task Force of 15 women physicians had sponsored a conference in November 1986 entitled, "Who Am I This Time". It concerned the many roles of a woman physician and discussed many relevant topics from female medical students to office staffing problems to time management. In November of this year the section sponsored a conference entitled, "The Busi-

ness of Being a Woman Physician".

Future plans for the section include the first Section Business Meeting and reception, both of which will take place at the CMS Interim Meeting in March and are open to all Colorado physicians. Look for a January mailing to announce the four positions to be filled in the March elections. We encourage volunteers who might be interested in holding a section office. This mailing will also include a form to update the Women in Medicine mailing list. Please help us by completing the form when you receive it and returning it to CMS.

The Women In Medicine Section looks forward to working with the CMS and all physicians in Colorado.

C/M

CMS DIRECTOR ELECTED PRESIDENT OF COLORADO ALLIANCE FOR CME

Dave Haggerty, CMS Director of Professional Services, was elected president of the Colorado Alliance for Continuing Medical Education (CACME) at the December meeting of that organization. Other officers elected are Karla Holmquist, CME Coordinator at the Denver Clinic, Vice-president; and Jean C. Hager, Ph.D., Director of Outreach and Extramural Programs at the AMC Cancer Center, Secretary/Treasurer. (Dr. Hager is the outgoing president.) CACME, formerly known as CAHME (Colorado Association for Hospital Medical Education) is an organization of directors and staff of CME

programs, with membership open to anyone with an interest in CME. With emphases on both enhancing CME programs for physicians and fostering the professional growth of its members, CACME features both educational workshops and interpersonal networking to achieve its goals.

If you are a chairman or member of a hospital or organizational CME committee, a director of a medical education, a non-physician CME program staffer, or have an interest in any aspect of CME, you should belong to CACME. For more information, please contact Dave Haggerty at CMS.

C/M

AMPAC POLITICAL EDUCATION SEMINAR

The American Medical Political Action Committee (AMPAC) will be sponsoring a political education seminar on **Friday, March 4 from 8:30 - 4:30** at the Hyatt Southeast. Make Plans now to attend and then remain for the **CMS Interim Meeting on March 5 and 6.**

ATTENTION PRIMARY CARE PHYSICIANS

The Colorado Optometric Association will soon introduce legislation that could allow Colorado Optometrists (not medical doctors) to prescribe medications such as steroids, antibiotics, beta-blockers and to treat various eye conditions such as conjunctivitis, foreign bodies, corneal abrasions and others.

The Optometrists claim that the outlying areas of Colorado do not have adequate coverage by Ophthalmologists (M.D.'s) and primary care physicians to handle such ocular needs. The Colorado Ophthalmological Society, on the other hand, has demonstrated in a recent publication "A Health and Cost Issue for Eye Care in Colorado" that medical eye needs are adequately met by physicians in the state.

The clinical training experience of Optometrists in the area of therapeutic medication is dangerously lacking and would have a detrimental effect on the care of patients in Colorado. These "eye doctors" are not medically trained and should not be allowed to use prescription medications or treat more serious eye conditions such as glaucoma, iritis, or keratitis.

The Colorado Ophthalmological Society (COS) sincerely urges all physicians to voice your concerns and opinions to your legislators about this important issue. Please contact the COS for further information, telephone 770-6048.

C/M

Physician/Patient Advocacy



by John O. Cletcher, M.D., Chairman
Council on Patient/Physician Advocacy
Sandi Maloney, Director,
Division of Physician Services

On December 17, 1987, the Council on Physician/Patient Advocacy had one of its most stimulating meetings to date. Members of the Council met with various representatives of the senior groups in the state of Colorado. Those guests in attendance were Julia May Avery, United Seniors; Eric Boyer, Colorado Senior Lobby; Dale Querfeld and Allen Buckingham, Colorado Commission on Aging; Susan Hellman, Colorado Gerontological Society; Angeline D. Heaton, M.D., Denver Gray Panthers; Leonard I. Johnson and L. Scott Frank, M.D., AARP; and Bonnie McManus, Colorado Catholic Conference Office of Aging Advocacy.

The purpose of this meeting was to establish rapport with these groups and to try to reach some mutual conclusions as to the best ways to solve numer-

ous problems that senior citizens and the medical profession share with one another. The meeting was precipitated by the Council in an attempt to refine the resolution passed at the last Annual Meeting to establish a volunteer acceptance of assignment mechanism for the Colorado Medical Society. The meeting was a very free floating meeting with a great deal of candor. Open expression of ideas was the order of the discussion and the conclusion of the meeting lead to the formation of a steering committee. The charges of this committee include how the senior citizens groups can assist the medical profession in identifying those people who need financial assistance in accepting assignment; how to assist the senior citizens in the rather significant problems encountered in the complexities of the Medicare system, and

finally; to expose the senior groups to the problems that we as physicians are having in caring for the elderly and, hopefully, to enlist their aid in representing our point of view on a broader front than we are able to do as a profession.

This meeting was a culmination of months of planning, discussion and research by the Medicare Advisory Committee headed by Robert McCartney, M.D., the Council on Physician/Patient Advocacy as a whole, and the staff of the Medical Society taking input from various other sources. The steering committee to be formed will hopefully represent the beginning of a coalition of various groups in the state to join hands with the Colorado Medical Society in its attempt to ensure the maintenance of appropriate and traditional patient/physician relationships.

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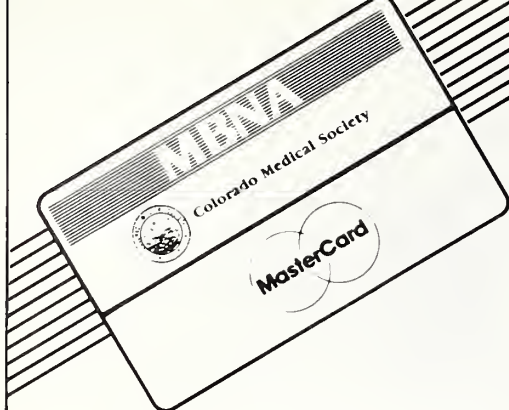
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Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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Theodore R. Sadler, Jr., M.D., President
Colorado Medical Society, 1987-1988

The 1987-88 CMS year started out as if there were no tomorrow: I made a pledge to myself that the President and one staff member of CMS would personally visit every component society and as many specialty society meetings as possible early in the new year. I did it! I visited twenty-six component societies before Christmas, 1987. In addition, COPIC President Larry Thrower, or COPIC Board member Dr. Jim Kurowski accompanied me to brief the membership on the proposed professional liability insurance premium increases.

As you can probably guess, we were sure that one of the principal subjects of discussion would be liability insurance costs, particularly in the rural areas where Family Practitioners have been doing obstetrics. Of course, the changes in premiums for all specialties makes this an extremely difficult year for every practitioner. Larry and Jim did a good job in explaining the changes and the necessity for the changes.

Our travels took us to every corner of the state, everything from visiting with one physician in his office in Akron to addressing more than 100 physicians and their spouses in El Paso County, giving us all a renewed picture of the diversity of medical practice in Colorado. I can now recall, vividly, the remoteness of parts of Colorado, which leads to another prime topic of discussion: the overload on physicians in some rural areas. The question is: can CMS do anything to help even out the availability of medical care. An example: Dr. Bill Lucas, Internal Medicine, Lamar, told me there is a patient base of some 25,000 in the area, with only five physicians to serve this entire population.

Dr. Lucas said he considers a day off when he is on duty at the hospital because his schedule is not quite so full and he can find a few minutes to himself. Dr. Lucas also mentioned the large (and growing) number of indigent patients in the area further complicating the doctor's life, referring of course to dealing with Medicaid and welfare agencies.

What is our major problem? Wherever we went, the problem was one of continually rising costs of liability insurance and the inability of the physician to deal with a situation which has been thrust upon him, i.e., the necessity of paying for insurance to treat patients who don't have the ability to pay or who, by federal and state fiat, pay a fixed amount without consideration for the real costs of the service rendered. Compounding the problem is the feeling on the part of many doctors that "there's really not much point to this when I can leave private practice and accept a contract position." The doctor is saying "I can't give proper treatment when I'm being hassled from every side." It is a *very real problem!*

What is the answer and can CMS provide it? One possible solution to a part of the problem is the "omnibus bill" which CMS is working hard to get through the legislature this year. This bill, officially titled "The Health Care Availability Act," has been drafted by the Professional Liability Task Force chaired by Dr. Richert E. Quinn, with representatives of component and specialty societies. Some provisions of this bill are:

- periodic payments for damage awards in excess of \$100,000;
- a cap of \$500,000 on total damage awards;
- reinstatement of the statute of repose, and;
- ability to introduce collateral source evidence.

We feel strongly that this comprehensive act would provide relief to physicians and assist consumers concerned about continuance of quality health care.

In addition, the Colorado Insurance Commissioner ordered a hearing regarding the announced COPIC rate increases. The hearing determined that the overall rate increase was justifiable and was approved; however, the change in classification for the Family Practice physician delivering obstetrical care (and, consequently, the related rate increase) was denied. The Commissioner's decision appears to have more to do with access to OB care than adequacy of actuarial studies to justify the increase. What this means is that Family Practitioners may be able to afford to continue to provide obstetrics for the coming year. It also appears that the Governor, the Insurance Commissioner and the Legislature are beginning to learn about the doctor's problem and how it affects the community of Colorado.

The bearers of bad news concerning the liability crisis were not shot. We actually received a warm welcome wherever we visited and returned home safely. Physicians showed great appreciation for our taking time to visit their societies and to hear their problems. Believe me when I say that we brought those problems back with us and the CMS councils and committees immediately started work on finding answers.

1988 will be a year of continual searching for the solutions; some of the short-term solutions are already in sight. Thank you for your interest and concern.

C/M

COLORADO MEDICAL SOCIETY 1988 INTERIM MEETING SCHEDULE

FRIDAY, MARCH 4, 1988

8:30 am - 4:00 pm	AMPAC Election Year Training Seminar
7:00 pm - 9:00 pm	Hospital Medical Staff Section
7:00 pm - 9:00 pm	Women in Medicine Section
7:00 pm - 9:00 pm	Congress of Medical Specialities

SATURDAY, MARCH 5, 1988

7:00 am - 8:00 am	Young Physician Section Governing Council
7:00 am - 9:00 am	Resident Physician Section
8:00 am - 9:00 am	Young Physician Section Meeting
8:00 am - 5:00 pm	Registration
8:00 am - 9:00 am	Constitution/Bylaws/Credentials
9:00 am - 12:00 noon	House of Delegates
12:15 pm - 1:30 pm	Reference Committee Members Luncheon
1:30 pm - 3:00 pm	Reference Committees (2)
3:00 pm - 4:30 pm	Reference Committees (2)
4:30 pm - 6:00 pm	Reference Committees (2)
5:30 pm - 6:30 pm	Judicial Council
6:30 pm -	Women in Medicine Cocktail Reception
	All Interim Meeting Attendees Invited!

SUNDAY, MARCH 6, 1988

7:00 am - 8:45 am	Caucuses
8:00 am - 11:00 am	Registration
8:00 am - 9:00 am	Nominating Committee
8:30 am - 9:00 am	Constitution/Bylaws/Credentials
9:00 am - 1:00 pm	House of Delegates

WOMEN IN MEDICINE

The First General Meeting of the Women In Medicine Section is scheduled to be held in conjunction with the Colorado Medical Society House of Delegates Interim Meeting at the Hyatt-Regency Hotel

FRIDAY, MARCH 5, 1988

7:00 - 9:00 PM

The meeting will include the election of a Chairwoman, Chairwoman-Elect, Delegate and Alternate Delegate. This meeting is open to all physicians. Voting membership in the Section is limited to women physicians who are CMS members.

participation '88



by
W. Ben Galloway, M.D., Chairman

The "Participation '88" program is a program to encourage the political participation of Colorado physicians. The objective of the program is to increase the political effectiveness of the Colorado Medical Society and influence public policy relating to medical care issues in this state and nationally.

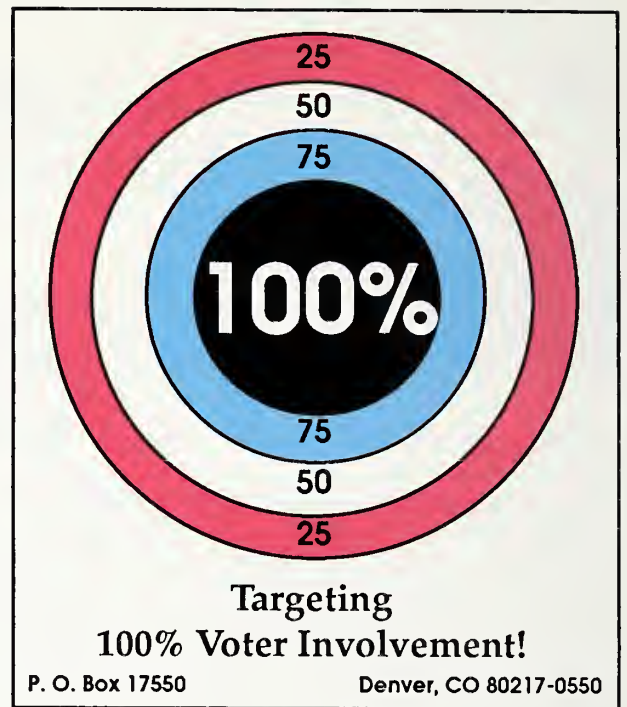
To implement this program we are urging physicians and/or their spouses to become involved in the political process for electing candidates in 1988. First and most importantly all of us need to be registered to vote in 1988 elections. Secondly, Colorado offers a unique opportunity to participate at the

grassroots level of politics through the precinct caucuses on April 4th. The caucuses allow participants to select candidates, and also express opinions on current issues such as the malpractice crisis, medicaid reimbursement, etc. **ELIGIBILITY FOR CAUCUS PARTICIPATION REQUIRES THAT INDIVIDUALS ARE REGISTERED VOTERS AND ARE AFFILIATED WITH EITHER THE DEMOCRAT OR REPUBLICAN PARTY BY FEBRUARY 4. INDEPENDENT VOTERS CANNOT PARTICIPATE IN PRECINCT CAUCUSES.** We recommend that you contact your County Election Commission/Clerk of Courts if you are not sure that you are registered with a party - you may be registered as an "Unaffiliate" if your spouse registered for you.

Further involvement beyond the precinct caucus is possible by being selected as precinct delegates to the county conventions and then as delegates to the congressional, district and state conventions. In the months ahead, we will walk you through the political process and provide you with the important dates of this election year.

You can make a difference - Participation '88 is a program which will allow you to make that difference - the success depends upon your participation!

CIM



HMSS

Colorado Medical Society Hospital Medical Staff Section

1988 Interim Meeting

Friday, March 4, 7 - 9 P.M.

Hyatt Regency Hotel-Denver Tech Center

For further information, contact CMS staff: David Haggerty or Yvonne Reed, 779-5455 or 1-800-654-5653

MEDICO-LEGAL NEWS

Prepared for the Board of Directors of Colorado Medical Society by the legal firm of Montgomery Little Young Campbell & McGrew, counsel to the CMS.

LEGAL HIGHLIGHTS

These articles are intended, in part, to alert the physician to potential problems with certain business relationships. Look before you leap and see your lawyer before you sign. The Colorado Medical Society does not provide legal advice and these columns are for general information only. For help with specific problems, readers should consult an attorney.

ANTITRUST IN THE HEALTH CARE FIELD

1. Price Fixing - Preferred Physicians, Inc. The Federal Trade Commission delivered an important message to physicians around the country. On December 2, 1987 they released for public comment, a complaint filed against Preferred Physicians, Inc., an association of doctors in Tulsa, Oklahoma. The FTC alleged that these doctors illegally conspired to restrain trade and fix prices. The FTC and the physicians entered into a consent agreement for settlement purposes. Because of the very nature of this case, and the manner in which the FTC chose to handle it, we have attached for your review a short FTC News Release describing this case.

2. Delaware Hospital - Master Of Its Own Destiny. In a recent "staff privileges" case in Delaware, the court allowed the hospital to do what is necessary to protect itself. The plaintiff, an internist, filed suit under the antitrust laws when his hospital staff privileges were revoked due to his liberal use of certain medical procedures. While the plaintiff maintained this was a "group boycott: preventing him from practicing, the courts found that it was appropriate for the hospital to determine what type of patient care might expose it to malpractice claims and to expect its staff physicians to practice within the adopted guidelines. When the plaintiff refused to do so, he broke the rules and his staff privileges were properly revoked. Friedman v. Delaware County

Memorial Hospital, Ed. Pa.

3. New York Anesthesiologist in Trouble With the Federal Trade Commission. Based on a complaint filed over two years ago, the FTC sanctioned a group of Rochester, New York anesthesiologist. The FTC charged that approximately 35 anesthesiologist, constituting almost all of the anesthesiologists working at the three main hospitals in Rochester, conspired to raise fees and boycott the local Blue Cross/Blue Shield Plan. Apparently, the Blues tried to hold the line on fees and refused to pay the anesthesiologists increased charges. As a result, these independent physicians got together to negotiate, and when Blue Cross/Blue Shield refused to succumb to their demands, the doctors withdrew their participation from the Blue Cross/Blue Shield Plan. The physicians and the FTC recently settled. The doctors agreed to refrain from engaging in price fixing by their group activities to change reimbursement levels and from boycotting third party payers or other physicians participating in the third party payers plans.

4. Department of Justice Says No Dice to Proposed Merger of Two Surgical Groups. In August of this year, the Department of Justice advised two surgical groups, Surgical Associates of Western Connecticut, P.C. and Danbury Surgical Associates, P.C., that it would challenge a proposed merger between them. The Justice Department was worried that the members of these groups constituted all of the practicing surgeons at the Danbury Hospital and provided most of the surgical care to the area residents. Since almost all of the surgeons applying for privileges at this hospital were members of one or the other group, the Department maintained that a merger would give the new, larger group enough monopoly power to raise prices and affect the availability of surgical services. As a result, the Department of Justice said they could not do it.

MEDICARE

Roper Calls DRG System Fundamentally Flawed. Dr. William Roper, Administrator of the Health Care Financing

Administration, believes that the Medicare PPS which reimburses hospitals on the basis of diagnostically-related groups is too complex and will "collapse of its own weight." He says that he doesn't "think the solution is further fine-tuning of a terribly flawed system. The answer", according to Dr. Roper, "is a new system, based on private health plan options." The HealthLawyersNews Report, Vol. 15, No. 12, December 1987.

FRAUD AND ABUSE

Inspector General Settles Hospital Dumping Case. The Inspector General settled its first case brought against a hospital under the new fraud and abuse amendments for patient dumping. The hospital, Brookside Hospital in San Pablo, California, denied any wrongdoing and contested whether the patients whom the Inspector General deemed inappropriately transferred where actually medically unstable. The hospital said it signed the settlement agreement as a condition of receiving a bond issue to upgrade its facilities. The HealthLawyers News Report, Vol. 15, No. 12, December, 1987.

MISCELLANEOUS

American Society of Medical Association Counsel (ASMAC) Meets in Atlanta. Robert R. Montgomery, Senior Counsel for the Colorado Medical Society met with attorneys representing all of the state medical societies in Atlanta, Georgia on December 8, 1987. We discussed everything from alternative dispute resolution, antitrust, FTC problems, managed care, to MAACS. The lawyer from the Ohio Medical Society told us that Ohio threw out its law on mandatory arbitration of medical malpractice disputes after 12 years. The doctors were convinced that the law was more trouble than it was worth and did not serve their best interests. Since many doctors in Colorado believe arbitration might be useful, we will publish more about the Ohio experience soon.

C/M

*COLORADO MEDICAL SOCIETY
AUXILIARY
LEGISLATIVE DAY*

February 8, 1988

SCHEDULE:

9:00 a.m.

Governor's Residence - Coffee
Mrs. Romer's First Impressions Program
will be Presented.

10:00 a.m.

Capitol - Legislative Briefing
Senator Claire Traylor, CMS Lobbyist Carol
Tempest and Specialty Lobbyist Charles
Marcus will provide legislative updates.
Senate and House will be in session for ob-
servation.

11:30 a.m.

University Club - Social Time and Lunch
Noon Lunch with Legislators
Counties invite legislators to be guests for
lunch.

1:30 p.m.

Committee hearings begin and can be
observed.

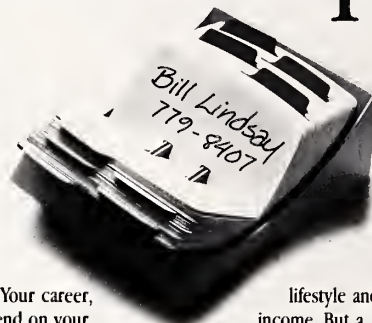
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**AMPAC POLITICAL
EDUCATION SEMINAR**

The American Medical Political Action Committee
(AMPAC) will be sponsoring a political education
seminar on **Friday, March 4 from 8:30 - 4:30** at
the Hyatt Regency-Denver Tech Center. Make
plans now to attend and then remain for the
CMS Interim Meeting on March 5 and 6.

DOCTOR...

HELP YOUR PATIENTS UNDERSTAND:

- **PROFESSIONAL LIABILITY INSURANCE**
- **THE " MEDICAL LIABILITY CRISIS"**
- **MALPRACTICE**
- **QUALITY HEALTH CARE**
- **WORKING TOGETHER**

THE MEDICAL LIABILITY CRISIS:

Everyone's talking about it, but who's doing anything to change it?

COLORADO MEDICAL SOCIETY IS DOING SOMETHING! With the cooperation and support of the **COPIC Insurance Company**, CMS has produced a patient/physician brochure which tells the story of today's major medical delivery crisis.

We have produced the pamphlet in this magazine so that you may remove it and duplicate it in any way you wish to distribute to your patients. We urge you to make a broad distribution of this information to patients, encouraging them to ask questions about the subject, the malpractice insurance crisis, and what **they** can do to help.

Most all neighborhood "quick print" shops and duplicators can take this camera-ready copy and reproduce any number in high-quality black and white. For additional charges, they can also arrange to have the poster reproduced in its two-color format.

The pamphlets have been produced in the hope that physicians can begin to tell their side of the story to the patient and that, through working together, a fair and just solution to the problem of malpractice insurance can be found. This is of vital importance to the people of Colorado in order that quality health care will continue to be available and within everyone's reach.

The so-called medical liability crisis is not just a matter of cost (dollars); it is a matter of diminishing the availability of quality medical care throughout the state. The only solution to this problem is through convincing the Colorado Legislature that there is a crisis that affects everyone. We must make the lawmakers understand that this matter is not a special interest issue and that the matter will not improve by itself. The legislature **can** do something about it, but the legislators will do something about it only if each one knows that Coloradans are concerned.

You, Doctor, and your patient are the answer. You must work together to find an appropriate answer. You must be a stronger-than-ever patient advocate. You must also share information and concerns with your patients so that they can urge their legislators to vote for malpractice legislation.

Colorado Medical Society will continue to do what it can to help you, but in the final analysis, Doctor, it's up to you. You are the professional who must speak out on the issues.

Excellent health care is something Americans expect and deserve. Our sense of fairness also leads us to expect that when excellent health care is not delivered, because of an error on the part of a physician, the injured patient will be fairly and quickly compensated.

Now, both of *these expectations are in danger*. And it's because of ...

THE MEDICAL LIABILITY CRISIS

In recent years, claims and lawsuits against doctors and hospitals have increased dramatically. And the amounts of jury awards and settlements have soared. One result has been an alarming increase in the cost of malpractice insurance. All doctors—even those who have done nothing to merit a lawsuit—have faced these increases.

Unfortunately, it isn't injured patients who benefit most from this expensive medical liability system.. Many have had to wait a couple of years or longer for their "day in court," and have watched 30 percent or more of any award disappear in legal fees. Injured patients receive about 30 cents of insurance premium dollars; 70 cents goes to "the system" (courts, lawyers, insurance companies).

We must improve the system. Not to make it harder to bring or win a legitimate suit. And NOT get doctors off the hook when they are negligent. But to ensure patients are fairly compensated—while maintaining the availability and quality of medical care for all of us.

THE QUALITY OF HEALTH CARE

Some people have wondered why the number of lawsuits is increasing when the quality of medical care has never been higher. Part of the answer lies in our increased expectations of what medicine can do for us. The advances of modern medicine have turned yesterday's miracles into today's common

ment has caused many to lose sight of the fact that medicine is more than a science. It is an art performed by human hands.

When the results of a medical procedure are not exactly what we wished, when the outcome is not perfect, it does not necessarily mean that

inappropriate care was given or that a doctor was negligent in providing needed care. It may mean the technology and knowledge is not yet available to help certain conditions. Or it may mean that a procedure carries with it a certain amount of uncertainty or risk. Nevertheless, it has become a common reaction to place blame and sue those "at fault."

While physicians strive to restore every patient to the highest level of health that is scientifically possible, there is simply no way to eliminate all risk from the practice of medicine. Ironically, physicians who face the most risk often are those with the greatest degree of technical training and skill, like neurosurgeons, obstetricians/gynecologists, and orthopedic surgeons.

THE CRISIS AFFECTS YOU

Colorado doctors are not alone in facing this medical liability crisis. Every time you see your doctor or go to the hospital, you pay for the medical liability system.

The premiums doctors pay are part of the cost of doing business, and are largely passed on to you as part of your medical bill. As premiums go up, so do your health care costs. And there is another way the medical liability problem hits your pocketbook.

Doctors are being forced to react defensively to the threat of a malpractice lawsuit. "Defensive medicine" is the common practice of ordering tests and procedures for protection in the event of a lawsuit. These extra procedures do not appreciably add to the body of scientific information a physician needs to make a diagnosis. But they certainly push up the cost.

The most dramatic and damaging effect of the medical liability crisis cannot be measured in dollars: the crisis has reduced the availability of quality medical care.

Recent information documents the sad fact that the medical liability crisis is forcing doctors to give up certain high-risk procedures—like delivering babies. Many Colorado family and general practitioners have stopped delivering babies. In many rural areas, those are the only doctors who deliver babies.

The direct and indirect costs of the medical liability crisis are jeopardizing the future of medicine in Colorado. It's time to enact laws that will restore a balance to the medical liability system.

WE CAN IMPROVE THE SYSTEM

Like all complex problems, the medical liability crisis requires a complex solution. Colorado legislators are considering reform in several areas: the tort or civil justice system, and the professional discipline system.

Periodic payments in the event of a verdict for future losses payment to the plaintiff should be made over time as losses are incurred, not in a lump sum.

Statute of Limitations—restrict the length of time that elapses between an alleged incident and the time at which a patient may institute a suit because of it.

Peer Review Procedures—Increase financial and legal support for the Board of Medical Examiners in its efforts to monitor physicians.

HOW YOU CAN HELP

The State Legislature must be convinced that there is a crisis and that it affects everyone. This isn't going to be easy. We must make legislators understand that this crisis is far reaching and much more than a special interest issue. It is affecting the cost and availability of health care for all of us. This situation will not improve by itself. Our legislature can do something about it. It will only happen if they know we are concerned about the issues.

There are two ways we can show our concern:

- *Write or talk to your legislators. Let them know how concerned you are about the cost of health care in Colorado and how the malpractice insurance costs are contributing. Urge your legislator to vote for malpractice legislation by writing your state legislator at the State Capitol, 200 E. Colfax Ave., Denver, CO 80203. If you don't know who your legislator is, call your County Election Commission to inquire.*

- *Write to your local paper with a similar message. Letters to the editors and items in the local media are an effective vehicle for influencing legislators' opinions.*

By working together, we can ensure that appropriate legislation is enacted which will treat everyone fairly and keep the cost of high quality health care in Colorado within everyone's reach.

This pamphlet has been prepared as a service to the patients and friends of

a member in good standing of the



COLORADO MEDICAL SOCIETY

6061 South Willow Drive
Suite 250
Englewood, CO 80111
(303) 779-5455

Mailing Address:

P. O. Box 17550
Denver, CO 80217-0550

The Medical Liability Crisis



We Are Concerned

The Cure Is
In
Working Together

If you have further questions as to how you, the patient, can help in this "Medical Liability Crisis," please call or write to the

Colorado Medical Society

WINTER

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Dallas/Ft. Worth	Orlando
Daytona Beach	Palm Springs
Denver	Phoenix
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Specialty _____
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City _____ State _____ Zip _____

Mail to: Cholesterol Adult Treatment Guidelines
National Cholesterol Education Program
National Heart, Lung, and Blood Institute
C-200-GA
Bethesda, MD 20892



NATIONAL CHOLESTEROL EDUCATION PROGRAM
NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

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GRASSROOTS CAMPAIGN DEVELOPED FOR THE HEALTH CARE AVAILABILITY BILL

Dennis Chalus, M.D., Chairman, Committee For Health Care Availability

A grassroots campaign has been developed to assist in the passage of the "Health Care Availability" bill which will be proposed in the 1988 Colorado legislative session. Some provisions of the bill are:

1. Periodic payments for damage awards in excess of \$100,000
2. A cap of \$500,000 on total damage awards
3. Reinstatement of the statute of repose
4. Ability to introduce collateral source evidence

This bill should provide relief to doctors facing spiraling costs for malpractice insurance, and consumers concerned that they receive readily available, high quality health care.

Grassroots program coordinator Betsy Sheets Fox states that the campaign will: "...activate doctors, patients, and community supporters on behalf of the Health Care Availability bill." To participate, you are asked to:

1. Write letters today to your personal state senator and representative. Urge them to support the Health Care Availability bill. Send copies of letters to grassroots headquarters. If you do not know who your state legislators are, call the Health Care Availability Hotline.

2. Meet with your state senator and representative about this issue.

3. Activate your own personal network. This network could include friends, colleagues, members of organizations you belong to, and local officials. Urge them to write letters to their senator and representative, and activate their own network.

4. Write a letter to patients asking them to write letters to their senator/representative; ask them for help with your own community outreach. Ask them to send copies of their letters to grassroots headquarters.

5. Ask patients to write letters while they are in your waiting room, and supply necessary materials. Supply plain paper, envelopes, pens and stamps if possible. Fact sheets are available from grassroots headquarters.

The theme of each letter should con-

cern the affect of the medical liability crisis, and rising insurance premium costs, on patients and Colorado citizens. Health care availability to Coloradoans is at stake!

The grassroots program will channel energy into effective action, and coordinate statewide activities in order to ensure a greater possibility of success for the Health Care Availability bill.

If you would like to volunteer time to this effort, know of someone who should be contacted, or need more information, please call. Contact the Committee for Health Care Availability/Grassroots Headquarters:

**P.O. Box 17602
Denver, CO 80207-0602
Health Care Availability Hotline:
779-5455 ext. 341
WATS: 1-800-654-5653
State Capitol:
200 E. Colfax Avenue
Denver, CO 80203
866-5000**

CMS TO SPONSOR TAX REDUCTION WORKSHOP FOR PHYSICIANS

"Tax Strategies for Physicians in Private and Part-time Practice," presented by the Tax Reduction Institute of Washington, D.C., will be hosted by CMS. This highly acclaimed one-day seminar has been very well received by physicians in other states. Now Colorado physicians can enjoy the benefits of a workshop that can save them thousands of tax dollars annually.

The nationally recognized Tax Reduction Institute is one of the largest tax research and education companies in the United States. TRI is author of the nationally distributed newsletter, Write-Off, and featured in the Wall Street Journal, Fortune, Forbes, Money Magazine, Changing Times, and on CBS News "Nightwatch."

The workshop will be held at the Denver Marriott Southeast, I-25 and Hampden, on Saturday, February 20, 8:30 am - 3:30 pm. Spouses and other guests may accompany physician registrants at reduced rates (one guest per registrant, please!) Watch your mail for brochures..

C/M



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CMS 1988 INTERIM MEETING
HOTEL RESERVATION INFORMATION
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NAME (S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I WILL ARRIVE ON: _____ I WILL DEPART ON: _____
(Date/Time) (Date/Time)

CHECK IN TIME IS 3:00 PM. CHECK OUT TIME IS 12:00 NOON
SUNDAY, MARCH 6, CHECK OUT TIME IS EXTENDED TO 1:30 PM FOR CMS
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ADVANCE DEPOSIT - Enclose one night's deposit when making reservation.

IF YOU ARE MAILING YOUR RESERVATION, please mail as soon as possible to:

HYATT REGENCY-DENVER TECH CENTER
7800 East Tufts Avenue, Denver, CO 80237
ATTN: RESERVATIONS.

IF YOU ARE CALLING IN YOUR RESERVATION WITH A CREDIT CARD, call as soon as possible to (303) 779-1234.

Be specific that you are with the Colorado Medical Society in order to receive the special rate.

FOR HOTEL RESERVATIONS, COMPLETE THIS FORM AND SEND TO THE HOTEL.

INFLUENZA UPDATE

Influenza will be prevalent in the Rocky Mountain West to the end of March, so reports the American Lung Association. We are reminded that immunization may be done at any time, including during the epidemic if the patient is not yet infected. Amantadine, 100 mg/day, can be used to protect the patient for the two weeks it takes for vaccine immunity to become effective.

From the physician's point of view, influenza is preventable and the American Lung Association of Colorado suggests that patients who should be at the highest priority for receiving influenza vaccine include all persons over the age of 65 and those under that age with underlying heart and lung disease. Patients with endocrinologic or renal disease or other immunosuppressive illnesses should also receive the vaccine. This year's vaccine will contain antigens (viruses which should stimulate antibodies to protect against infection from the viruses expected for this winter.

If you are out of vaccine and an epidemic occurs, you can protect your high risk patients by using amantadine hydrochloride (100 mg qd) for the duration of the exposure. If your patient contracts influenza, you can treat the patient with amantadine hydrochloride (100 mg bid) for seven days and this reduces both the severity and the duration of the disease due to Influenza A.

The American Lung Association of Colorado has pamphlets available for your office. You may telephone the Association at 388-4327 or write them at 1600 Race Street, Denver, CO 80206-1198 for a supply of pamphlets.

C/M

PARKINSON DISEASE REFERRAL CENTER OPENS AT UCHSC

A regional American Parkinson Disease Information and Referral Center has been funded by a grant from the American Parkinson Disease Association (APDA) to the University of Colorado Health Science Center.

The Center's programs will include patient and family support groups, coun-

PARKINSON DISEASE (Continued)

seling and coordination with social service providers. The Center will also make in-service training, pharmacological seminars, symposia and educational programs available for physicians, hospitals and clinics. The Center will provide publication of a newsletter and administration of a library of educational literature for lay persons and professionals.

Located at University Hospital, the Center will be overseen by Sally Boyson, M.D., assistant professor of neurology and pharmacology at the University of Colorado Health Sciences Center. Information and education programs, counseling and support groups will be managed by Laura Watt, R.N.

More than a million people in the United States suffer from Parkinson disease, a number greater than the total number of people affected by multiple sclerosis, muscular dystrophy and Lou Gehrig's disease, according to APDA. In Colorado, approximately 12,000 people suffer from Parkinson disease.

For further information, contact the Center at (303) 270-7296, or write to the Center at UCHSC, Campus Box B 184, 4200 E. 9th Ave., Denver, CO 80262.

GENERIC DRUGS FILLING MORE PRESCRIPTIONS TODAY

According to one source, almost half the Americans questioned in a recent poll use generic brands to save money when having prescriptions filled.

As part of a special medical survey, the Epcot Poll, conducted at the Electronic Forum in Epcot Center in association with The Roper Organization, Inc., 3,509 U.S. adults were asked "How often do you have your prescriptions filled with generic drugs?" The response: 2% said frequently; 21% sometimes; 13% rarely; 29% never, and; 11% did not respond. The breakdown was similar for both men and women. The survey was conducted from October 29 - Nov. 24, 1987, at Epcot Center, Lake Buena Vista, Florida. A future Epcot Poll will highlight doctor visits.

C/M

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The CMS Participation '88 Task Force urges you to register with a political party by February 4th. Only then will you be allowed to attend your party caucuses and assure that you have a voice in selecting who the candidates will be in 1988.

Exercise Your Right..Participate!

YOU ARE CORDIALLY INVITED TO ATTEND

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PROFESSIONAL OPPORTUNITIES

METRO DENVER: Large primary care group looking for B.C./F.P. to fill full-time and part-time positions in family practice/occupational medicine practice. Salary base plus incentives. Send C/V to Medical Director, ROMED Corporation, 4636 E 9th Avenue, Denver, CO 80220. 3/11588-4

BOULDER CO: Small community health center 10 miles from Boulder & 30 miles from Denver is seeking Medical Director to provide primary care and supervise a nurse practitioner. Malpractice paid. Salary and incentives negotiable. Contact Peter Leibig, Clinica Campesina Family Health Services, 1345 Plaza Ct. N., Lafayette, CO 80026. 303-665-9310. 2/11588-2

GENERAL INTERNISTS, BC OR BE, for a new salaried program to provide ER backup inpatient services at two general hospitals in southeast Denver. The program will lead to fee-for-service internal medicine practices at these hospitals. Send resume to Health Care Systems Design, Inc., Box 10250, Denver, Colorado 80210. 2/11588-2

COLORADO SPRINGS, PUEBLO: Full-time part-time positions available in newly built hospital affiliated urgent care facilities for primary care or family practice physicians with general medical experience. Please send your CV (which must include either a salary history or current salary requirements) in confidence to Larry Shoemaker, MD., Interstate Health Services, Inc., 2321 N. Tejon St., Colorado Springs, CO 80907. 6/12187-12

LOCUM TENENS DERMATOLOGIST: Needed immediately through June, 1988 for multispecialty group practice in Boulder, CO. Interested please call the Boulder Medical Center, 440-3122. 3/12187-6

INTERNIST BC/BE: Wanted in Aurora. If you are energetic, ambitious, enjoy General Intern Medicine, and would like to work in Aurora, then give me, Dr. Bill Solomon a call at 337-5575. I am a Board Certified solo Internist looking to expand. 3/12187-3

PROFESSIONAL OPPORTUNITIES

FAMILY PRACTICE (BC/BE): Opportunity in eastern community of 10,000. Excellent OB potential. Join seven member, multispecialty staff associated with 40 bed JCAH hospital. Forward CV to Administrator, Prowers Medical Center, 2101 South Memorial Drive, Lamar, Colorado 81052, or phone: 303-336-4343. 1/1188-2

IMMEDIATE OPENING FOR FIRST ASSISTANT: For private practice surgical group, Denver area. Good 1 or 2 year opportunity for General Surgeon or Fellow awaiting entry into residency program. Include complete CV. Reply Box 016, c/o Colorado Medical Society. 2/12187-4

COLORADO: Progressive rural facility offers a position for one FP/GP physician to join BC/FP physician in modern, well equipped clinic. Estimated patient volume is 25/35 patients/day. Compensation package includes guaranteed income (2 years). Malpractice ins., clinic space, relocation expenses. On call every third weekend. Excellent opportunity. Reply: D. McMillan, Adm., Box 308, Haxtun, CO. 303-774-6123. 3/11187-6

FAMILY PRACTICE: OB/GYN and PEDIATRIC practice opportunities available in Colorado's Community and Migrant Health Centers. Facilities range from an isolated single rural provider site to large urban neighborhood health centers. Salaries negotiable upon experience. Excellent fringe benefit packages. Contact: Susan Grimm, Health Services Coordinator, Colorado Community Health Network, 501 28th St., Denver, CO 80205. 6/91587-12

MEDICAL OFFICER (GEN PRAC): Permanent and temporary intermittent positions and full time temporary positions. For application and info call Carol Glenn 303-361-6387. EEOE. 2/121587-3

OCCUPATIONAL MEDICINE: Experienced physician occupational medicine & family practice, needed for well established regional medical center in Boulder. Send CV to PO Box 17063, Boulder, CO 80308-7063. 2/118-4

PROFESSIONAL OPPORTUNITIES

LOCUM TENENS PHYSICIAN: Join a comprehensive physician support service with a major medical center in south central Montana. Locum physicians provide primary care coverage (excluding routine OB) for physicians in rural Montana and Wyoming. Assignments vary in length. Reimbursement for expenses, malpractice, health insurance, CME. Call Locum Tenens Coordinator, 1-800-325-1774, or send CV to 1500 Poly Drive, Suite 103, Billings, MT 59102 1/1188-2

PRACTICE FOR SALE

GENERAL PRACTICE : Includes well designed modern medical facility long established present practitioner will stay on for period. Reasonable costs. Great lifestyle, hunting, fishing. Good schools, financing A.B.E. 389-0506. 3/1188-6

FAMILY PRACTICE: For sale, Lakewood, CO. Established 25 yrs. Owner retiring, willing to introduce. Terms negotiable. Dr. E.L. Teitz, 985-8737 eve: 333-8983. 1/1188-2

SITUATIONS WANTED

FAMILY PHYSICIAN AVAILABLE: Residency trained, board certified F.P. available for Locum Tenens work. Personable and insured! Please contact: J. Sheldon, MD c/o Colorado Medical Society, PO Box 010.1/11588-1

INTERNAL MEDICINE-BE: Internist finishes residency June 1988. Strong emphasis ICU/CCU as well as outpatient medicine. Seeking to practice with single or multispecialty group. Contact Bruce Baridon, DO, 930 McKinley 2A, Arlington Hts., IL 60005. 312-696-2210 Day, 312-259-1823 Night.

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FOR SALE: 1890 victorian renovation in hospital area-city park west. For office or residence. Zoned R-4. 1600 square feet. Lots of on street parking. Walk to AMI complex. Charming, quiet, ready to move in. Asking \$92,500. Call owners at 331-0601. 1927 East 20th Avenue. Hardwood, fireplace, immaculate. 2/11588-2

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Volume 85, Number 3

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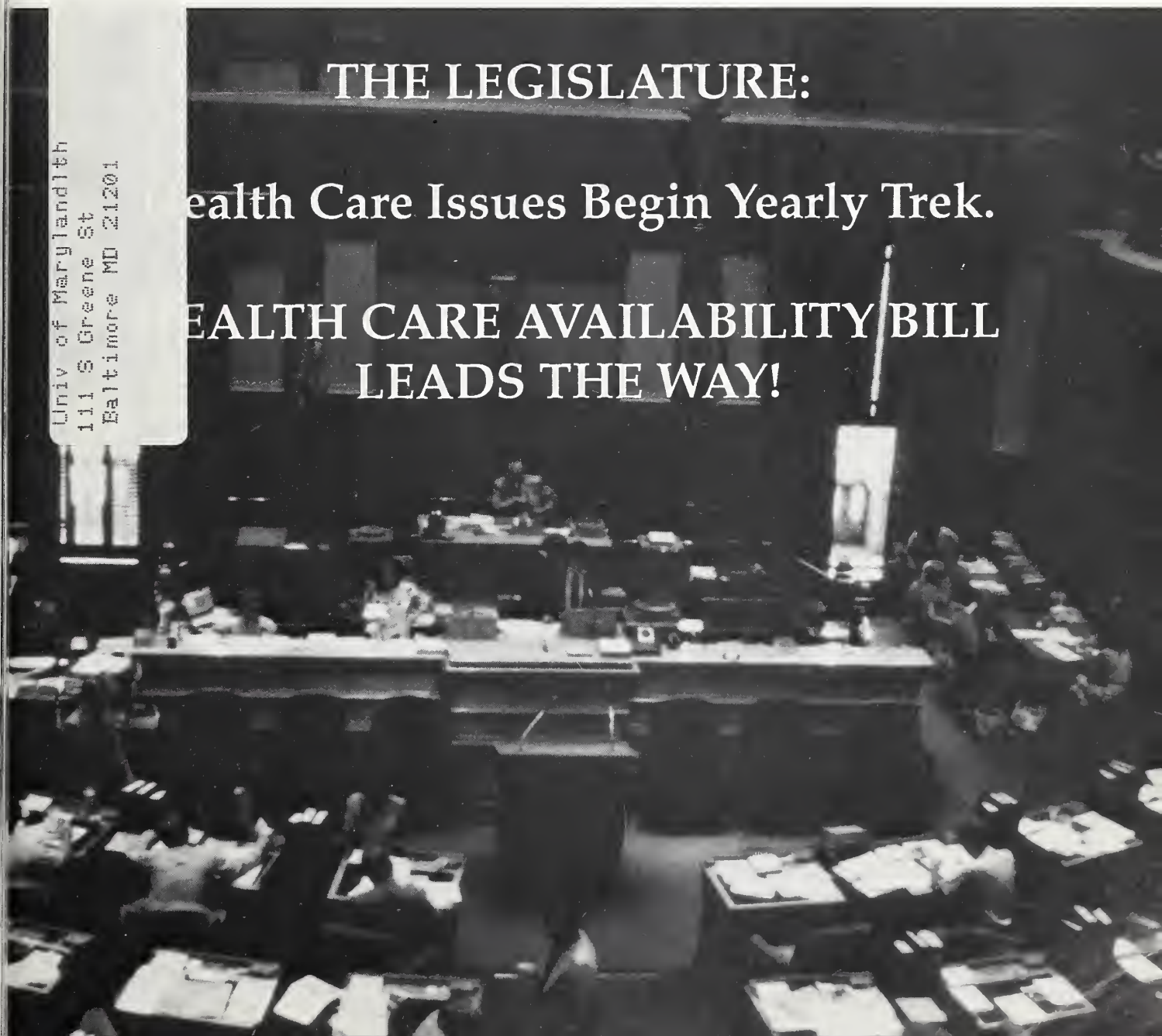
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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

Harold F. Frye, Executive Editor
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COLORADO MEDICINE magazine is the official journal of the Colorado Medical Society, but as such is also authorized to carry general advertising. Publication of any advertisement in COLORADO MEDICINE does not imply an endorsement or sponsorship by the Colorado Medical Society of the product or service advertised. Published articles represent opinions of the authors and do not necessarily reflect the official policy of the Colorado Medical Society unless clearly specified.

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by Thomas Balkany, M.D., Chairman
Council on Legislation
and Carol Tempest, Director
Government Affairs Division

BILLS BEGIN TREK THROUGH LEGISLATURE

EARLY ACTION ON BILLS: As usual bills approved by interim study committees have been the first to surface. HB 1078, Statutes of Limitations for the Commencement of Civil Actions...., (Pankey -R- Littleton) had a fairly brief committee hearing since the arguments had all been heard during last year's session. The positive vote was along straight party lines with the Republicans favoring it and the Democrats opposing it. The bill reinstates the three-year statute of repose as well as returning the statute of limitations to its former language. HB 1045, Concerning Periodic Payments of Tort Judgments, (Anderson -R- Lakewood) is also a repeat bill from the 1987 session but is a much more complex concept to explain. A crippling amendment was attempted but defeated; and the committee passed the bill, again along straight party lines. The bill mandates periodic payments of awarded damages over \$100,000 and allows for them beneath that figure.

HEALTH CARE AVAILABILITY BILL: The Health Care Availability bill is the omnibus bill that a large group of county and specialty societies, COPIC, Colorado Hospital Association, and medical lobbyists have worked on for six months. The CMS Task Force on Professional Liability was expanded to include the above members and has hired people to provide public relations and grassroots organization. The bill includes a number of concepts, each divisible from the rest of the bill if necessary: periodic payments, required insurance coverage for health care profes-

sionals and institutions with resultant caps on the amount recoverable, definition of an "expert witness", introduction of collateral sources of payment, provision for binding arbitration, abolishment of "captain of the ship" doctrine, statute of repose, protection in child vaccination cases. The bill was introduced via a press conference with its sponsor, Senator Strickland -R-, Westminster, and Drs. Dennis Chalus, Richard Nanna, Ted Sadler, Richert Quinn. Early supportive letters from physicians and patients have been quoted over and over again by legislators, but we have a long road ahead of us.

GOVERNOR'S TASK FORCE ON MEDICAL MALPRACTICE: The task force failed to meet the December 31st deadline for its initial report but is slowly hammering out its conclusions. The exercise has been frustrating for the committee members, and there will probably be a majority and minority report on most of the subjects. There will be similarities between this report and items included in the omnibus bill.

OTHER BILLS OF INTEREST:

SB 11, Repeal of Provisions Which Prohibit the Direct Access of the Public to Physical Therapists (Hopper -R- Golden): Has been passed by the Senate and sent to the House. CMS opposes this measure.

SB 59, Concerning the Coverage of Health Care Practitioners under the "Colorado Governmental Immunity Act", (Wells -R- Colorado Springs) amends the governmental immunity act passed last year. The bill was passed unanimously by a Senate committee. CMS supports the bill with reservations.

HB 1030, Eligibility for Benefits under the "Colorado Medical Assistance Act" for Children and Pregnant Women

(Taylor-Little -R- Arvada). Extends Medicaid coverage to pregnant women and infants up to one year of age.

HB 1037, Concerning Protections for Quality Management Functions of Health Care Facilities (Pankey -R- Littleton). CMS supports if amendments drawn up by legal council pass.

HB 1071, Concerning the Establishment of an Emergency Medical Services Fund (Chlouber -D- Leadville). CMS supports.

HB 1041, Concerning the Right of Persons to Reject Nourishment through Medical Procedure or Intervention (Anderson -R- Lakewood).

HB 1127, Concerning Breast Cancer Screening (Allison -R- Edgewater). CMS supports with amendments to include funding for current mammography equipment as well as for the mobile unit.

When the next article from the Council on Legislation appears, all of the 1988 bills should have been introduced except for bills with late bill status. These include use of therapeutic drugs by optometrists and mandatory assignment of Medicare patients. Numerous insurance, workmen's compensation, and public health bills will also be commented on.

Please keep in touch with your legislators - it's an election year, and candidates surface every day. The newest member of the House is Representative David Owen -R- Weld, who was sworn in to replace Representative Tom Norton when he moved to the Senate.

Let's show the public that the medical community is serious about becoming politically involved - plan to declare a party affiliation prior to February 4th and attend your party caucus on April 4th. Contact your local Election Commission/Clerk of Courts to determine the registration procedure in your county.

C/M.

COMPAC ALERT

by

*H. R. Safford III, M.D. Chairman
Colorado Medical Political Action
Committee*

1988 membership in the Colorado Medical Political Action Committee (COMPAC) is less than one-third of the 1987 COMPAC membership and only 3% of the CMS membership. These are frightening statistics.

In 1986, a year with many incumbents, the cost of conducting a successful state legislative campaign ranged from \$5,000 to \$30,000. In 1984, when there were fewer incumbents, the range was \$2,000 to \$100,000. Few candidates have the personal resources available to sustain this large an expense.

The COMPAC board urges both CMS and CMSA members to forward your contributions today: COMPAC, P. O. Box 17550, Denver, CO 80217-0550. Sustaining memberships are \$99.00; Active memberships are \$40.00, and CMSA memberships are \$40.00. Membership in COMPAC is a small price to pay to elect qualified persons who make the laws we must abide by for years to come.

COMPAC Board of Directors and members:

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CMS MEMBERS OFFERED ADDITIONAL BENEFITS THROUGH COPIC

Effective 3/1/88 upon renewal of their professional liability policy with COPIC, CMS members will receive a new benefit in addition to the safety group membership benefit (a 10% discount on quarterly premiums) that each member currently receives.

This new benefit is the COPIC Trust Deductible Option. To recognize physician's contribution to Trust surplus, that additional premium paid in 1986-87, and to begin to repay those dollars, COPIC Trust is issuing a discounted "deductible endorsement" on eligible physician's professional liability policies. In so doing, the Trust agrees to cover the first \$25,000 of losses under your COPIC Insurance Company policy, but "sells" you that coverage at a discount - in recognition of your surplus contribution, which enabled us to offer the coverage when you needed it.

The Trust Deductible Endorsement does not expose you to any additional personal liability. Be aware that while a deductible amount is created on your COPIC Insurance Company policy, that deductible is fully funded by COPIC Trust. COPIC Trust will pay all professional liability losses up to \$25,000.

In addition, you will receive voting privileges with regard to the appointment and reelection of COPIC Board members. This is an important benefit as it allows you to voice your opinion with regard to the management and leadership of COPIC.

While all classifications are eligible for this additional benefit, the table below illustrates 3 examples of the 1988 **QUARTERLY SAVINGS** that can be realized through the Trust Deductible Endorsement and is based on a limit of liability of \$1,000,000/\$2,000,000. If you have any questions about the COPIC Trust Deductible Option, please contact Policyholder Service at 779-0044 within the metro area or at 1-800-421-1834 from outside the metro area.

COPIC TRUST DEDUCTIBLE ENDORSEMENT

	Class 2	Class 4	Class 6A
1st year reporting form	\$25	\$55	\$104
2nd year reporting form	28	63	120
3rd year reporting form	33	74	144
Class 2 - Family Practice - Minor Surgery Ophthalmology - No RK's			
Class 4 - Cardiac Surgery ENT - Major, Plastic Surgery General Surgery Plastic Surgery			
Class 6 - OB/GYN			

WORKER'S COMPENSATION FEE SCHEDULE PROBLEM? HERE'S HOW TO FILE A PETITION WITH THE DIVISION OF LABOR

Physicians can petition the Division of Labor to resolve disputes with insurance carriers and self-insured employers under the Worker's Compensation Medical Fee Schedule. Briefly, here is the process you would follow if you decide to petition:

1. First try to resolve the problem with the insurer (and/or the claims processing service if one is involved). The petitioner must show a good faith effort to resolve the dispute before petitioning.

2. Compose a letter to the Director of the Division of Labor which summarizes the issue(s) under dispute. Matters considered under this petitioning procedure include:

Whether the dispute is over the correctness of a code for billing and charging of medical procedures; whether the dispute is over the status and right of a provider to bill or charge under a code or codes; whether a billing is or may be in excess of the amount provided under the Medical Fee Schedule; whether a ruling on the petition will terminate a controversy or remove an uncertainty as to the applicability of a provision of the Medical Fee Schedule to the interested parties.

3. You may consolidate several claims into one petition if the issue involved in each of the claims is the same.

4. Attach copies of all pertinent bills or correspondence which are relevant to the petition. Since the Director generally rules on the petition based upon the documentation provided by the petitioner, the more thorough the petition and its documentation, the better. The insurer and their representatives (if any) also may submit a response within 30 days of the original petition. They must send copies of the response to you. The Director may request further information from you and/or may seek out medical or other expertise in order to rule upon the petition.

5. You must attach a signed statement that copies of the petition have

been mailed or served upon all interested parties (the insurer, claims processing service, other physicians involved, etc.). Identify the persons and addresses to whom it was sent.

6. Be sure to note on the top of your letter that the petition is in regard to the Medical fee schedule and sent to:

Robert J. Husson, Director
Colorado Division of Labor
1313 Sherman St., Rm. 314
Denver, CO 80203

7. If you have any questions about this procedure or any issue concerning Workers' Compensation Medical Fee Schedule, please call Christine Warren at 837-3810. C/M

POLITICAL EDUCATION SEMINAR

Here is a seminar that combines political education, a campaign simulation and fun all in one day; where participants learn the most fundamental elements of American politics and come away with an understanding of the political process. Most important of all, Seminar attendees learn where best to apply their political lesson.

This seminar is sponsored by the Colorado Medical Political Action Committee (COMPAC), Medical PAC and AMPAC. It is designed to show you, in fact teach you, that good medicine and good politics can and must mix---but only if you play a role in the process.

March 4, 1988

8:00 A.M.

Hyatt Regency, SE

For further details, or to add your name to the participant list, please contact: Lorraine Koehn, CMS Government Affairs Division, 779-5455 or Wats 1-800-654-5653. (Registration form included in this issue.)

JOINT COMMISSION CHANGES AUTOPSY STANDARDS

CHICAGO (1/15/88) -- Medical staffs in accredited hospitals will soon be required to establish criteria to determine when autopsies should be performed. The Joint Commission on Accreditation of Healthcare Organizations adopted the revised standard in December, which also includes a provision for incorporating autopsy findings into the hospital's quality assurance activities. The new standard will become effective for survey on January 1, 1989.

**"...autopsy a valuable aid
in evaluation of the quality
of care..."**

"The Joint Commission has always emphasized the importance of the autopsy as a valuable aid in evaluation of the quality of care and in continuing professional education," said Dennis O'Leary, M.D., Joint Commission president. "But since 1970 there has been a progressive decline in the frequency of autopsies on patients dying in the hospital. These revised standards are expected not only to increase the number of autopsies, but also to increase the relevance of autopsy findings."

It is estimated that the autopsy rate 20 years ago was close to 50%. By 1980 it had dropped to about 14% in community hospitals and 38% in teaching hospitals. Certain groups have advocated that the Joint Commission establish a required minimum autopsy rate to help reverse this decline. However, as O'Leary explained, "It remains clear that no single rate is appropriate for all hospitals."

The Joint commission has also shortened the time within which completed autopsy protocols should be made part of a deceased patient's medical record. The revised standard now requires such protocols to be in the patient record within 60 days of the autopsy, unless exceptions for special studies are established by the medical staff. C/M

New this year . . .

One more reason to join the AMA

Special benefit packages available with 1988 membership



A diverse membership has diverse needs, and the AMA is committed to addressing those needs. This year we're introducing something new when you join the AMA or renew your membership. In your AMA Membership Kit you'll have the opportunity to sign up for one of three *benefit packages* of publications, conferences, participatory panels, focused issue updates, etc., on topics related to the area you designate. Each package is tailored to address your particular interests:

- *Medical and scientific information and education* designed to enhance your practice, profession, and the public health.
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James H. Sammons, MD
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American Medical Association
535 North Dearborn Street
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DIAGNOSIS OF ALZHEIMER'S DISEASE

by Christopher M. Filley, M.D., Assistant Professor of Neurology and Psychiatry
University of Colorado School of Medicine

reversible causes of mental impairment are excluded.

Dementia is a syndrome of acquired and persistent intellectual dysfunction, with deficits in memory and other areas.¹ As such, it differs from mental retardation, which is typically congenital, and the acute confusional state, which by definition is short-lived. No assumption of irreversibility is implicit in the term dementia; many dementias are indeed irreversible, but some—such as that associated with hypothyroidism, for example—can be reversed with appropriate treatment. AD is the most common dementia, accounting for 50-60% of the population of demented patients.² Multi-infarct dementia (MID), which results from a series of cerebral infarcts, is the next most common (10-20%); cases of AD and MID in combination are also encountered.²

Despite a recent increase of interest in AD, there is as yet no practical diagnostic test that can identify the disease in a given patient. Only cerebral biopsy, a procedure not indicated in the usual case of dementia, or post-mortem analysis can provide unequivocal diagnosis. However, the clinical diagnosis of AD has improved in recent years, so that, using currently available tests, diagnostic accuracy is approximately 90%.² The major goal in the diagnostic process is the exclusion of reversible causes of mental decline, since failure to correct such a problem can be a tragic error.

The first step in the diagnostic procedure must be a careful history and physical examination. History-taking, which may require speaking with family or friends of the patient, can be extremely helpful, revealing not only the nature and time course of behavioral change, but often a culpable agent, such as a sedative medication given for another problem. A general medical examination may suggest a systemic cause of dementia, such as pulmonary failure, and neurological examination can provide evidence, for example, of

MID or an intracranial mass. A complete mental status examination is particularly useful, as this is essential in distinguishing dementia from other syndromes such as aphasia or acute confusional state, and can also assist in the often difficult assessment of depression.

The selection of laboratory tests for a dementia patient is a complex issue, since the acquisition of all tests which could conceivably disclose a reversible illness is quite costly, and can be associated with medical risk. Instead, the physician should select tests which are most likely to address diagnostic possibilities raised by the history and physical examination. The intelligent use of laboratory studies depends largely upon the individual assessment of each patient. It is our practice to obtain certain tests routinely, and then proceed with others as indicated by the clinical presentation. The table lists those tests we obtain in all cases, and those we reserve for special indications.

Of all these tests, the computed tomographic (CT) and magnetic resonance imaging (MRI) scans are the most useful. Neurology has been dramatically changed since the advent of CT and, more recently, MRI, and exquisitely detailed views of intracranial contents are now available without the necessity of an invasive procedure. Either scan is acceptable, CT having more availability, and MRI the advantages of no irradiation and no need for intravenous contrast material. Lumbar puncture is of great value in some patients, and should be done promptly in those suspected of having a chronic inflammatory disease of the central nervous system. Electroencephalography is useful in unusual neurological disorders, most notably Creutzfeldt-Jakob Disease. Arteriography can be helpful in the rare case of cerebral vasculitis. Isotope cisternography is sometimes performed in suspected cases of normal pressure hydrocephalus.

(Continued on following page)

It has been 80 years since Alois Alzheimer published the first case of the disease which bears his name,¹ and during that time the illness has evolved from a rare neurological disease to a major public health problem.² As the most common form of dementia in the United States,² Alzheimer's Disease (AD) is a progressive degenerative disease of the brain which causes relentless intellectual impairment and finally death. At least 2 million Americans, most of them elderly, suffer with AD, and Colorado alone may have 25,000 victims. Because there is no treatment which arrests or reverses the progression of the disease, AD represents a tremendous psychological, social, and financial burden to patients and their families. Moreover, these problems are likely to worsen in the near future, as the projected aging of the population brings more individuals into the age group at risk for AD.

From a medical standpoint, it is imperative that an accurate diagnosis be sought in any patient suspected of having AD. There are many syndromes which can be mistaken for dementia, and many causes of dementia which are not AD. Every patient should undergo a comprehensive evaluation so that AD is not diagnosed before other, possibly

The evaluation discussed above should serve to detect the reversible causes of dementia, and lead to appropriate treatment as dictated by the diagnosis. If such a disease is not found, a clinical diagnosis of AD can be made with a reasonable degree of confidence. For more complex cases, such as those with depression as a complicating feature, or those with equivocal symptoms and signs, referral to a neurologist or institution with special expertise in dementia is often helpful.

The treatment of AD remains disappointing. No pharmacologic agent has been found to produce clinically significant improvements in memory or other neurobehavioral functions. A multi-center national trial of tetrahydroaminoacridine (THA) is now underway, but results will not soon be available, and

THA, although promising, is not a cure.⁴ The physician's role at this point is confined to establishing the diagnosis as accurately as possible, treating complications and co-existent medical conditions, and providing informed and sympathetic counseling. Pharmacologic treatment of depression, agitation, and sleep disorders can be helpful as long as the dementia is not worsened by injudicious dosing. Publications such as *The 36-Hour Day*,⁵ and organizations such as the Alzheimer's Disease and Related Disorders Association can be of great use to family members struggling with the demands of chronic dementing illness in a loved one. Until such time as AD may be added to the list of reversible dementias, the disease will remain a major problem; every effort to exclude diseases masquerading as AD must be made before this grim diagnosis is given.

C/M

REFERENCES.

1. Alzheimer A. *Über eine eigenartige Erkrankung der Hirnrinde.* Allg Z Psychiatr Psych Gerichl Med 1907; 64:146-148.
2. Katzman R. *Alzheimer's disease.* NEJM 1986; 314:964-973.
3. Cummings JL, Benson DF. *Dementia: A clinical approach.* Boston: Butterworths, 1983:1.
4. Summers WK, Majovski LV, Marsh GM, et al. *Oral tetrahydroaminoacridine in long-term treatment of senile dementia, Alzheimer-type.* NEJM 1986; 315:1241-1245.
5. Mace NL, Rabins PV. *The 36-Hour Day.* Baltimore: Johns Hopkins, 1981.

TABLE Laboratory Tests for Dementia.

In All Cases:

Biochemical screen (electrolytes, glucose, calcium, renal and liver function tests).
Complete blood count.
Erythrocyte sedimentation rate.
Thyroid function tests.
Vitamin B12 and folate levels.
Serologic test for syphilis.
CT or MRI scan.

In Selected Cases:

Chest roentgenogram.
Electrocardiogram.
Toxicology screen.
24-hour urine for heavy metals
Serum cortisol.
Lumbar puncture.
Electroencephalogram.
Arteriogram.
Isotope cisternogram.

ARE YOU AFFILIATED WITH A POLITICAL PARTY?

The CMS Participation '88 Task Force urges you to register with a political party by February 4th. Only then will you be allowed to attend your party caucuses and assure that you have a voice in selecting who the candidates will be in 1988.

Exercise Your Right..Participate!

YOU ARE CORDIALLY INVITED TO ATTEND

*A Cocktail Party
and Reception
Saturday, March 5
6:30 P.M.*

Hosted By

THE CMS WOMEN IN MEDICINE SECTION

at the
Hyatt-Regency Hotel
Denver Tech Center
7800 E. Tufts Avenue
Denver, CO

CHOLESTEROL TREATMENT: RECOMMENDATIONS FOR ADULTS

The Colorado Department of Health, in its December 15, 1987, article in *COLORADO MEDICINE*, began a two-part series highlighting the 1987 Report on Cholesterol Treatment.

The second part in this series will be published in the February 15, '88 issue of *COLORADO MEDICINE*. Please be watching for the article and accompanying data. If, for some reason, you did not see or did not save the first part of the series, contact the *COLORADO MEDICINE* office for reprints. For CMS members, a phone call will do and we'll see that you get the reprint.

C/M

COLORADO MEDICAL SOCIETY 1988 INTERIM MEETING SCHEDULE

FRIDAY, MARCH 4, 1988

8:30 am - 4:00 pm	AMPAC Election Year Training Seminar
7:00 pm - 9:00 pm	Hospital Medical Staff Section
7:00 pm - 9:00 pm	Women in Medicine Section
7:00 pm - 9:00 pm	Congress of Medical Specialties

SATURDAY, MARCH 5, 1988

7:00 am - 8:00 am	Young Physician Section Governing Council
7:00 am - 9:00 am	Resident Physician Section
8:00 am - 9:00 am	Young Physician Section Meeting
8:00 am - 5:00 pm	Registration
8:00 am - 9:00 am	Constitution/Bylaws/Credentials
9:00 am - 12:00 noon	House of Delegates
12:15 pm - 1:30 pm	Reference Committee Members Luncheon
1:30 pm - 3:00 pm	Reference Committees (2)
3:00 pm - 4:30 pm	Reference Committees (2)
4:30 pm - 6:00 pm	Reference Committees (2)
5:30 pm - 6:30 pm	Judicial Council
6:30 pm -	Women in Medicine Cocktail Reception
	All Interim Meeting Attendees Invited!

SUNDAY, MARCH 6, 1988

7:00 am - 8:45 am	Caucuses
8:00 am - 11:00 am	Registration
8:00 am - 9:00 am	Nominating Committee
8:30 am - 9:00 am	Constitution/Bylaws/Credentials
9:00 am - 1:00 pm	House of Delegates

WOMEN IN MEDICINE

The First General Meeting of the Women In Medicine Section is scheduled to be held in conjunction with the Colorado Medical Society House of Delegates Interim Meeting at the Hyatt-Regency Hotel

FRIDAY, MARCH 5, 1988

7:00 - 9:00 PM

The meeting will include the election of a Chairwoman, Chairwoman-Elect, Delegate and Alternate Delegate. This meeting is open to all physicians. Voting membership in the Section is limited to women physicians who are CMS members.

CMS 1988 INTERIM MEETING
HOTEL RESERVATION INFORMATION
HYATT REGENCY - DENVER TECH CENTER

IF YOU PLAN ON STAYING OVERNIGHT AT THE INTERIM MEETING, RESERVATIONS SHOULD BE MADE AS SOON AS POSSIBLE. THE HYATT WILL ACCEPT PHONE RESERVATIONS WITH A CREDIT CARD AND RESERVATIONS BY MAIL WITH A ONE NIGHT'S DEPOSIT. WHEN CALLING OR WRITING, BE SURE TO LET THE HOTEL KNOW THAT YOU ARE WITH THE *COLORADO MEDICAL SOCIETY* AND ATTENDING THE MEETING TO BE HELD **MARCH 4, 5, AND 6, 1988.**

NAME (S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I WILL ARRIVE ON: _____ I WILL DEPART ON: _____
(Date/Time) (Date/Time)

CHECK IN TIME IS 3:00 PM. CHECK OUT TIME IS 12:00 NOON
SUNDAY, MARCH 6, CHECK OUT TIME IS EXTENDED TO 1:30 PM FOR CMS

ACCOMODATIONS: SINGLE: _____ DOUBLE: _____ # OF PERSONS: _____
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(Lodging Tax of 11.8% is not included in quoted rates)

CREDIT CARD HOLDERS NAME:

TYPE OF CARD: _____ CARD #: _____ EXPIRES: _____

Deposit Enclosed: \$ _____

GUARANTEED BY CREDIT CARD - Fill in your American Express, Carte Blanche, Diner's Club, or VISA/MasterCard number, name, cardholder and expiration date in the space provided above

ADVANCE DEPOSIT - Enclose one night's deposit when making reservation.

IF YOU ARE MAILING YOUR RESERVATION, please mail as soon as possible to:
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Be specific that you are with the Colorado Medical Society in order to receive the special rate.

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HMSS

Colorado Medical Society Hospital Medical Staff Section

1988 Interim Meeting

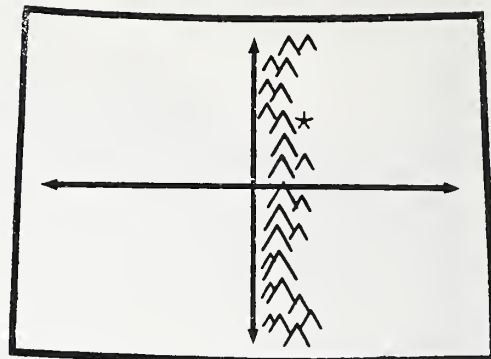
Friday, March 4, 7 - 9 P.M.

Hyatt Regency Hotel-Denver Tech Center

For further information, contact CMS staff: David Haggerty or Yvonne Reed, 779-5455 or 1-800-654-5653

COLORADO'S MD: ("Manpower Dilemma")

Decreased Federal funding, poor earnings incentive, lack of social and cultural resources, rural aspects of the state, medical indigency...all these and more factors are contributing to a growing problem of a shortage of physician manpower in Colorado. CMS is working to find a solution!



The Colorado Medical Society is concerned about the state's physician distribution problem from the access to care perspective for both medically underserved populations (i.e. medically indigent) and medically underserved areas of the state. It is noted that some areas have no physicians available while other areas lack specialty care such as OB. This lack in OB care prompted CMS to conduct a survey of all physicians, statewide, who are or have been practicing obstetrics. Many areas of Colorado are served obstetrically by family practice physicians.

As a result of these concerns the CMS Medically Indigent Committee (chaired by Dr. Richard N. Hansen), created a forum for the examination of issues, re: physician distribution in Colorado and existing recruitment resources.

On January 26, 1988 the first meeting was held of people concerned and involved in health manpower issues to explore what is being done and/or what needs to be done.

Stephanie Webb of the Colorado Community Health Network (CCHN) opened the meeting with an introduction of CCHN, outlining the group's goals in reference to physician distribution. The physician shortfall, partially the result of the curtailment of the National Health Service Corps physician scholarship program, is impacting the ability of community health clinics serving the underserved populations in Colorado to recruit physicians to rural areas. Nationwide, the Service Corps program has accounted for 60% of the physicians in community and migrant health centers.

Colorado is one of only nine states which has no incentive program for placing physicians in rural areas. Federal legislation passed in December '87 will provide states with physician placement incentive programs up to 75% of the cost of the programs. The goal of CCHN is to develop a state level loan repayment program as a means of recruiting physicians and qualifying for Federal funds.

Sheila Schiel, coordinator for the Advisory Commission on Family Medicine, outlined some of the innovative approaches being taken by the commission, such as the **Opportunity Fair** held in November '87. This created a forum for communities which perceived a need for the residents to look at the community. In addition, the Family Residency Program also has a program of rotating preceptorships, helping to get the residents out to rural areas of the state for month-long periods. This program not only introduces the resident physician to different parts of Colorado, it also provides some support to physicians already practicing in these areas.

The Question: Is there a physician shortage in Colorado, or is it one of physician distribution? The group went on to pose more questions rather than attempt to find immediate solutions.

Do we know what areas in Colorado have a physician shortage?

The Colorado Department of Health has data on Federally designated manpower shortage areas. Additional information is available through their work with community health nurses.

The AHEC program also has data and is currently completing a report which makes projections on the number of

providers needed, based on a recent survey.

In addition, the OB Care Provider Survey conducted by the UCHSC Department of Family Medicine Division of Research, the Colorado Medical Society and the Colorado Department of Health, should reveal data regarding access to OB care throughout Colorado.

What are other states doing regarding physician distribution/recruitment issues? Do we have information from states with similar geographic factors which impact the provision of health care?

Do we have information indicating why physicians leave particular areas?

Do we know of communities which may be unable to support a physician (lack of support personnel, medical resources, etc.) and what are the options for these communities?

What are the impediments to communities' acceptance of non-physician providers and what are other states doing concerning this issue?

How successful is the dental scholarship program in Colorado, and would this be a worthwhile potential model for a physician program?

It appears that 1) legislative funding and 2) ability of providers to meet program qualifications while remaining in urban areas are barriers to the success of the overall program.

Do we have information indicating the difference between the expectations of

(Continued on following page)

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resident physicians and those of the communities recruiting them?

The Family Residency Program is planning a survey of residency expectations. In addition, CCHN now conducts exit interviews with physicians.

Possible Options: The group discussed previous and potential programs and ideas for further review, including:

- 1) Development of a consortium of Health Care Centers to consolidate administration and resources and, therefore, broaden the ability to reach additional areas of the state.
- 2) Development of a system which accepts, recruits and helps place mid-level practitioners.
- 3) Creation of a loan repayment/forgiveness program for physicians and/or mid-level practitioners.
- 4) Creation of a Locum Tenens/Cooperative program.
- 5) Creation of a scholarship program, particularly appealing to students who come from and would remain in practice in rural Colorado.

The group concluded that these were issues which were of interest and/or concern to those in attendance. The group could have utility in 1) keeping interested parties informed as to programs addressing these issues, 2) sharing information which would allow organizations to compliment each other's efforts, rather than duplicate them, and 3) potentially providing a forum for the development of new programs to address the related issues of access to care and physician distribution throughout Colorado.

There is no question that Colorado has, at the very least, a physician distribution problem which is directly related to medical indigency and access to medical services.

As pointed out by statistics offered by the CCHN: "in the area of 'migrant and community Health service', many Colorado communities have relied on the National Health Service Corps to provide physicians to serve their population. In some areas there may be an abundance of physicians, but few who will see Medicaid or medically indigent patients; in other areas of Colorado there just aren't any physicians available. Because of the decline of the NHSC Corps program in the early 1980s there have been fewer and fewer physicians

available to practice in underserved areas of the state (see chart). Funding for the NHSC program has been reduced over 90 percent since 1981. Underserved areas, and particularly the more rural ones, will have to try to attract volunteer physicians but will face competition for these doctors from large, urban health systems which can provide more incentives (higher salaries and benefits, including loan assumptions, cultural and educational amenities, etc.). As an example, in this part of the country, the average entry-level salary for a family practice physician in the private sector is \$71,400, while for a community or migrant health center the average is \$41,850.

The projected excess of physicians in the United States by 1990 (50 to 70 thousand excess physicians) will not make it easier to attract them to underserved areas unless some incentives are available to make these sites more attractive. Additionally, the "glut" is of certain specialties rather than of primary care physicians, the ones who generally serve in rural and underserved areas.

High malpractice insurance rates are an additional factor considered by physicians, and particularly by those who deliver babies. Limitations on civil liability could provide an incentive for physicians to practice in Colorado.

The Lower Arkansas Valley area will face a crisis this year when one of its two NHSC physicians leaves. The remaining NHSC doctor and the two private physicians who deliver babies intend to cease practicing obstetrics because of

the anticipated increase in numbers of patients. Deliveries for mothers in this area will have to be performed in Pueblo. (The second NHSC physician plans to leave in 1989.)

Although short-term targeted rural residency rotations are available through the eight family practice residency programs in Colorado, there are no financial incentives (scholarship aid or loans) which make a practice in a rural or underserved area more attractive for a physician."

These are disturbing statistics concerning a program which has become such an integral part of the fabric of Colorado health care, and this program is woven into the state's growing need for services to the migrant worker, the medically indigent and the state's goals in maintaining the quality of life and economic growth. The meeting of these individuals promises to further the work of Colorado Medical Society in meeting the physician distribution problems in our state. CMS invites your own views toward solutions of this problem, particularly in respect to the resident physician's desire (or lack of same) to practice in Colorado. As John B. Muth, M.D., (PH-OB/GYN) of Colorado Springs, told the group, "Colorado does not seem to be organized with any ongoing program to attract physicians to the state. We need to know the unique aspects of this state, why physicians don't come here to practice, and why those who are here are leaving." C/M

Ed: Thanks to the CMS staff members who contributed to this report.

TABLE
NHSC ASSIGNEE* AVAILABILITY IN COLORADO
1987 - 1991**

	1987	1988	1989	1990	1991
Current Assignees	25	25	18	11	5
New Assignees	0	2***	0	0	0
Completed Obligations	0	9	7	6	2
Net Assignees	25	18	11	5	3

* Family Practice Physicians (Dentists not included)

**Numbers do not include physicians available under the NHSC reauthorizing legislation.

NOTE: In 1987 there were 821 NHSC obligated scholars nationally; for this year there are 400.

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PROFESSIONAL OPPORTUNITIES

METRO DENVER: Large primary care group looking for B.C./F.P. to fill full-time and part-time positions in family practice/occupational medicine practice. Salary base plus incentives. Send C/V to Medical Director, ROMED Corporation, 4636 E 9th Avenue, Denver, CO 80220. 3/11588-4

BOULDER CO: Small community health center 10 miles from Boulder & 30 miles from Denver is seeking Medical Director to provide primary care and supervise a nurse practitioner. Malpractice paid. Salary and incentives negotiable. Contact Peter Leibig, Clinica Campesina Family Health Services, 1345 Plaza Ct. N., Lafayette, CO 80026. 303-665-9310. 2/11588-2

GENERAL INTERNISTS, BC OR BE, for a new salaried program to provide ER backup inpatient services at two general hospitals in southeast Denver. The program will lead to fee-for-service internal medicine practices at these hospitals. Send resume to Health Care Systems Design, Inc., Box 10250, Denver, Colorado 80210. 2/11588-2

COLORADO SPRINGS, PUEBLO: Full-time part-time positions available in newly built hospital affiliated urgent care facilities for primary care or family practice physicians with general medical experience. Please send your CV (which must include either a salary history or current salary requirements) in confidence to Larry Shoemaker, MD., Interstate Health Services, Inc., 2321 N. Tejon St., Colorado Springs, CO 80907. 6/12187-12

LOCUM TENENS DERMATOLOGIST: Needed immediately through June, 1988 for multispecialty group practice in Boulder, CO. Interested please call the Boulder Medical Center, 440-3122. 3/12187-6

OB/GYN, PEDIATRICS & INTERNAL MEDICINE: Practice opportunities available with progressive multi-specialty group. Excellent compensation and fringe benefit packages. Applicants must be BE or BC. Contact: Michael Cullen, M.D., Southern Colorado Clinic, pc, 2002 Lake Avenue, Pueblo, CO 81004. 303-584-7171. 6/2188-12

PROFESSIONAL OPPORTUNITIES

RURAL COLORADO: BC/BE Family Practitioner to join three FP's in growing multi-specialty group. Excellent opportunity for person interested in rural living, mountain recreation, health care delivery for medically underserved populations. Send CV to Michael Bloom, 204 Carson Ave., Alamosa, CO 81101 303-589-5161. 1/2188-2

COLORADO: Progressive rural facility offers a position for one FP/GP physician to join BC/FP physician in modern, well equipped clinic. Estimated patient volume is 25/35 patients/day. Compensation package includes guaranteed income (2 years). Malpractice ins., clinic space, relocation expenses. On call every third weekend. Excellent opportunity. Reply: D. McMillan, Adm., Box 308, Haxtun, CO. 303-774-6123. 3/11187-6

FAMILY PRACTICE: OB/GYN and PEDIATRIC practice opportunities available in Colorado's Community and Migrant Health Centers. Facilities range from an isolated single rural provider site to large urban neighborhood health centers. Salaries negotiable upon experience. Excellent fringe benefit packages. Contact: Susan Grimm, Health Services Coordinator, Colorado Community Health Network, 501 28th St., Denver, CO 80205. 6/91587-12

OCCUPATIONAL MEDICINE: Experienced physician occupational medicine & family practice, needed for well established regional medical center in Boulder. Send CV to PO Box 17063, Boulder, CO 80308-7063. 2/118-4

BEAUTIFUL COLORADO: Family practice, internal medicine and occupational physicians. Send CV to D.A. Franklin, M.D., HealthWatch Medical Centers, 3400 Industrial Lane #A, Broomfield, CO 80020. 6/2188-12

PRACTICE FOR SALE

GENERAL PRACTICE : Includes well designed modern medical facility long established present practitioner will stay on for period. Reasonable costs. Great lifestyle, hunting, fishing. Good schools, financing A.B.E. 389-0500. 3/1188-6

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PROPERTIES FOR SALE OR LEASE

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DOWNTOWN DENVER: Medical office space to sublease part-time, share with OB/GYN physician. Excellent opportunity for starting a second office. Receptionist and medical assistant provided. Arthur S. Waldbaum, MD, 298-0222. 4/111587-6

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OFFICE SPACE FOR LEASE: Medical Specialists check this!! 1000-1500 sq. ft. available in thriving Medical-Dental office complex. Lots of referral sources!! Attractive building & landscaping - 80th & Sheridan. Call Mr. Dave Krebs-Perry & Company 399-7777. 3/12187-6

colorado medicine

February 15, 1988

Volume 85, Number 4

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OB MALPRACTICE SURVEY:
21% in Colorado have stopped
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Low-income patient most vulnerable.

PERSONAL CARE VS. MEDICARE

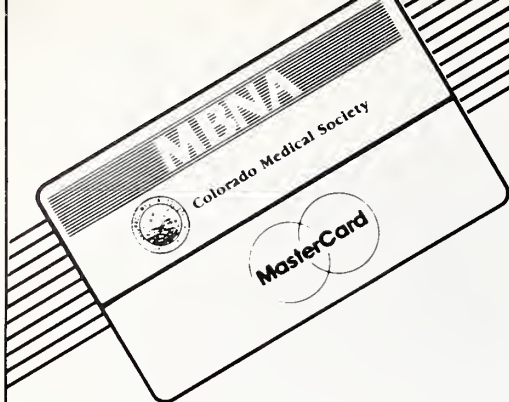
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Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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Committee for Health Care Availability

by Dennis M. Chalus, MD, Chairman

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The Committee on Health Care Availability wishes to thank the persons and groups listed below for their contributions. The funds received are being used to promote the passage of the Health Care Availability bill (SB 143) which is sponsored by **Senator Ted Strickland (R) Westminster** and **Representative Patrick Grant (R) Denver**. Other legislators who have signed on as co-sponsors are: **Senators Sally Hopper, Jim Rizzuto, Bill Schroeder, Claire Traylor and Dave Wattenberg; Representatives David Bath, Ken Chlouber, Lewis Entz, Faye Fleming, Bill Owens and John Ulvang**. Please personally thank these sponsors.

The first hearing on this bill will be held on Monday, February 15th in the Senate Business Affairs and Labor Committee.

If you have not yet contributed to the committee, please do so immediately by issuing your check to: Committee for Health Availability, PO Box 17602, Denver 80207-0602. The funds will be used to educate your patients and the public to the seriousness of the current professional liability crisis.

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There's lots of work yet to be done!

If you know of any of your fellow physicians who are not aware of this committee or its goals, talk to them and be certain they have an opportunity to participate by sending in their contribution to the **Health Care Availability Committee TODAY!**

THE RIGHT TO HEALTH CARE?

by Mark A. Levine, M.D., Chairman
Council on Socio-Economics, CMS
Ellen Stein, Director
Division of Socio-Economics

Do all citizens of Colorado have access to health care as a basic right? If so, is that right to care boundless or are there limits? What are society's obligations in providing health care to those who are unable to pay or are not enrolled in a program that provides health benefit coverage? These questions were discussed at the CMS Council on Socio-Economics at its meeting of January 11, 1988.

Frequently CMS is involved in discussions regarding access to health care for the uninsured or the under-insured. These discussions can take many different forms: mandatory universal health insurance, catastrophic health care coverage, minimum levels of health insurance benefits and other issues regarding society's responsibility to provide health care for its citizens. The Colorado Medical Society has had no specific policy or position, and thus we have not been able to actively contribute to public debate of these issues. The Council on Socio-Economics has been asked to develop a working policy for CMS concerning the rights of Coloradans to access health care.

The problem is becoming ever more apparent. Health care to the poor, the uninsured or under-insured, the transient and the homeless, each present unique aspects of this question. Whether healthy, injured or sick, all have some need of health care. Society currently does provide some access to some type of care for each of these groups, but the nature and quality of the care varies enormously, and it is not always easily accessible. The rapid rise in the cost of health care and the financial squeeze upon both health care institutions and payors (including government programs) have conjoined recently to severely infringe upon existing programs. Increasingly we hear people speak of the

coming necessity of rationing health care resources.

"...should (Colorado citizens) have guaranteed access to...definable health care system?"

Our first question, then, is to consider whether the citizens of Colorado should have guaranteed access to some definable health care system. Those who can afford it may elect a private health care system. But those who cannot afford private care might be guaranteed access to some other definable program. In this model those who do not qualify for Medicaid or other existing public programs would then need to be covered by some new program with defined access for specified health care services.

What then would be the benefits that we would advocate being available through such a program? One could consider specific services for preventive care, pre-natal care, acute care, continuing care, hospital care, long-term care, etc., in the same manner in which an insurance product defines its benefits. It is relatively simple (though in practice a remarkable challenge) to define the "basic right of access" for immunizations and preventive service and for pre-natal and obstetric care. Defining the "basic right of access" for sophisticated and heroic care is much more difficult. And yet the very act of defining a basic minimum of service may act to deter delivery of any service beyond that minimum and become, by default, an upper level of service. Would we then be

better off directly defining the upper level of benefit beyond which Colorado's citizens would be denied health care? But acting to limit access to health care is in direct conflict with our revered traditional role as the advocate for our patients' medical needs.

Thorny issues indeed, but essential for us to address if we are to participate in the evolution of public policy rather than reacting to changes after they have occurred.

The Council on Socio-Economics welcomes the participation of any member of the Colorado Medical Society in this important debate. If you are interested in attending a council meeting, please notify Carolyn Hastings at the CMS office, 779-5455 or 1-800-654-5653.

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COLORADO OBSTETRICAL CARE MALPRACTICE STUDY REPORT

by Ned Calonge, MD, MPH
Assistant Director of Research
School of Medicine

University of Colorado Health Sciences Center

Denver, CO (2/10/88)

INTRODUCTION

This report contains the results of the Colorado Obstetrical Care Provider Survey conducted by the UCHSC Department of Family Medicine Division of Research, the Colorado Medical Society, and the Colorado State Health Department.

Project development was begun in May, 1987. The survey was carried out from November, 1987 to the first of January, 1988. Potential obstetrical care providers in Colorado were identified from the memberships roles of the Colorado Academy of Family Practitioners, the Colorado OB/GYN Society, the Colorado Medical Society, and the American College of Obstetricians and Gynecologists. Participants were asked to complete and return a written questionnaire; data from this survey were analyzed along with information from the 1987 Bureau of Health Professionals Area Resource File to determine the effect of rising malpractice insurance on patterns of obstetrical care in this state.

RESULTS

Response Rate--

Fourteen hundred and six surveys were distributed by mail to the identified physicians. Nine hundred and eighteen forms were returned for an overall response rate of 65.3%, very good for surveys of physicians and quite acceptable for relevant analysis. Ninety-four questionnaires (10.2%) were not completed by respondents who had been long-since retired, were in some unrelated specialty, or had moved from the state. Using information from the Area Resource File on the number of physicians in each county, analysis of survey results indicates that for non-urban counties (described herein), between

83.0 and 90.3% of all obstetrics care providers completed the questionnaire, and at least 76.8% of urban providers participated. Conclusions drawn from the study are hence strongly supported from a statistical standpoint and results of representative of the entire state.

Demographics--

Sixty-five percent (538) of the respondents were family/general practitioners (FPs) compared to 31.3% obstetrician/gynecologists (OB/GYNs); 3.2% listed other related specialties. Ninety-two percent of the participants were MDs with the remainder DOs. Seventy-two percent had been residency trained and 81.8% were board certified in their respective specialty.

Practice patterns--

Table 1 (Figure 1) reports the current obstetrical practice pattern of the participants completing the survey: (see Figures 1, 2 & 3 on pg. 65) Providers ranked potential and actual reasons for dropping obstetrics from 1 to 5, with 5 being the most important. As seen in Figure 1, the three most important reasons and their average ratings were 1) increased premiums (4.5), 2) uncertainty about availability of malpractice insurance (3.6), and 3) fear of a law suit (3.6). These ratings were significantly higher than those for other reasons such as lack of enjoyment or time constraints, and the ratings did not vary significantly between FP's and OB/GYNs or between those physicians who had dropped obstetrics and those continuing to provide this care.

Insurance coverage--

Eighty-two percent respondents (86.2% of FP's and 77.0% OB's) stated coverage by COPIC. Only 3.5% of the total (all OB/GYNs) had The Doctor's Company coverage, and 14.5% had various other coverages. Twenty-five percent of the providers had their premiums paid by their employers. On average, FPs are currently paying

\$12,696 per year for obstetrics coverage; OB/GYNs are paying an average of \$40,216 per year.

Effect of premium increases--

Continued rises in malpractice premiums would cause 63.6% of those physicians still doing obstetrics to drop obstetrical services (77.1% of FPs and 48.1% of OB/GYNs). Only 27 physicians (6% of all obstetric providers) stated that they would not stop obstetrics care at any premium level. Twelve percent of current providers (19.4% of FP providers and 2.3% of OB/GYNs) stated they planned to drop obstetrics in the next 2 years. An additional 12.1% (13.8% of FPs, 10.3% of OB/GYNs) said they planned to quit obstetrics but had not picked a specific time. Almost all (92.6-98.1%) of providers said they would increase their fees to cover increasing malpractice premiums.

Physicians were asked to estimate the annual premium at which they would drop obstetrics. Figure 2 and 3 are graphs of the percent of FPs and OB/GYNs stopping obstetrics care at different premium levels. The average premium level at which FPs would drop obstetrics is \$23,304; for OB/GYNs, the average level is \$70,825. For 1988, the rate for COPIC malpractice coverage for FPs (mature policy) is \$15,952 (a 25% increase over the 1987 average).¹ The 1988 COPIC premium for OB/GYNs (mature policy) is \$61,904 (a 54% increase over the 1987 average). Only an additional 14% increase would be required to reach the average level at which OB/GYNs stated they would drop obstetrics.²

Care for low-income patients--

Care for Medicaid and medically indigent patients is provided by both OB/GYNs and FPs in Colorado; the majority of care for these patients is provided by FPs in rural counties because there are far fewer OB/GYNs practicing in these areas. Of the physicians providing ob-

(Continued on following page)

COLORADO OBSTETRICAL CARE MALPRACTICE STUDY REPORT

(Continued from preceding pages)

stetrics care to Medicaid patients, 63.1% stated they would drop all obstetrics if faced with increasing malpractice premiums. Of the physicians providing care for medically indigent patients, 62.1% reported they would cease all obstetrics practice if malpractice rates continue to rise.

Projections of effects at county level--

This last analysis involves forecasting some of the effects of increasing premiums translating to decrease access to care for Colorado residents. Data from the survey was aggregated with that from the Area Resource File, and travel distances were estimated from the distance separating the geographic epicenter of respective counties. The urban counties are defined as Adams, Arapahoe, Boulder, Denver, Jefferson, Larimer, Weld and El Paso; non-urban counties are all others.

Current status:

Nineteen counties have no reported private practice medical obstetrics care available within the county; they are Bent, Cheyenne, Costillo,* Crowley, Custer,* Dolores, Elbert, Gilpin, Hinsdale, Huerfano, Jackson, Kiowa, Mineral, Ouray, Park, Saguache,* San Juan, Sedgwick, and Teller (verified using data from the 1987 Area Resource File).

In 1986, 1174 women in these counties had babies, and had to travel an average of 32 miles each to get to a place providing medical obstetrical care. At this baseline, non-urban FPs averaged 75 deliveries each for this year; non-urban OB/GYNs averaged 126 deliveries.

¹Based on actuarial analysis, COPIC had asked for an increase for FPs doing obstetrics to \$23,953, already above the average level at which FPs would drop obstetrics. This increase was denied for 1988 by the State Insurance Commissioner as a stop-gap measure to avert an obstetrical crisis.

²In Washington State, FPs responded to a similar survey; half of these physicians stated they would stop obstetrics at a certain level. The following year, premiums reached this level and a followup survey indicated that 50% of the FPs did, indeed, drop obstetrics.

Potential effects of modest increase:

If malpractice premiums rose to \$24,999 for FPs and \$64,999 for OB/GYNs (levels which are very close to actual and anticipated rates), the following effects would be anticipated:

66% of non-urban FPs and 47% of non-urban OB/GYNs would drop obstetrics. This would result in thirteen additional counties (32 in all) having no medical obstetrics care; now included would be Archuleta, Clear Creek, Baca, Conejos, Fremont, Lake, Lincoln, Rio Blanca, Rio Grande, Routt, San Miguel, Summit, and Yuma. Additionally, 15 more counties would have only one obstetrics provider.

At this projected malpractice premium level, an estimated 3420 pregnant women per year would need to travel outside of their county to get medical obstetrics care; the average distance to care would be 41 miles. If the remaining non-urban OB/GYNs could increase their average annual deliveries to 200/year, the remaining FPs would still have to deliver 175 patients/year, well above the average number of deliveries (less than 120) performed by Colorado OB/GYNs.

Potential effects of large increase:

If rates for FPs increased to \$34,999, and for OB/GYNs, \$69,999, the following results would be expected:

91% of non-urban FPs and 58% of OB/GYNs would drop obstetrics. Ten more counties (now 42 in all) would be without medical obstetrics care. Additional counties at this level include Chaffee, Delta, Garfield, Kit Carson, Logan, Montezuma, Montrose, Phillips, Prowers, and Washington. An additional seven counties would have one obstetrics provider.

An estimated 6269 pregnant women per year would have no medical obstetrics care available within their county. The average distance to the closest serv-

ices would be 52 miles per woman, with 2110 women being 60 or more miles from an obstetrics provider. Given the anticipated attrition, the remaining non-urban physicians (14 FPs and 15 OB/GYNs) would be faced with the need for 470 deliveries per year.

DISCUSSION

There is a great deal of data in this report; more are yet available and further analyses, including potential perinatal health projections, are ongoing. **The basic message is clear--continued increases in malpractice premiums will have critical effects on the provision of obstetrical care in Colorado.**

Specifically, the number of physicians providing obstetrical care will decrease, the distance pregnant patients must travel and the number needing to seek care outside their county will increase, and the resultant re-distribution of need for services will overwhelm those physicians still practicing obstetrics.

While this report focuses on non-urban areas, similar effects can be anticipated for Denver and its surrounding counties; it is currently buffered by the high number of physicians per capita, but as urban as well as non-urban FPs and OB/GYNs drop obstetrical care as predicted, there will be little access to urban providers for the thousands of women with no local resources.

Finally, the low-income patient is once again the most vulnerable to the effects of the malpractice crisis: providers, especially those FPs in rural areas, will be forced to drop obstetrical care for the poor in the face of increasing premiums.

** These counties currently do have publicly-funded obstetrical services provided by National Health Service Corps physicians, who are not at this time affected by malpractice premium increases. However, this program has been de-funded by the federal government and, faced with high malpractice insurance rates, it is anticipated that these physicians will not choose to continue to offer obstetrics.*

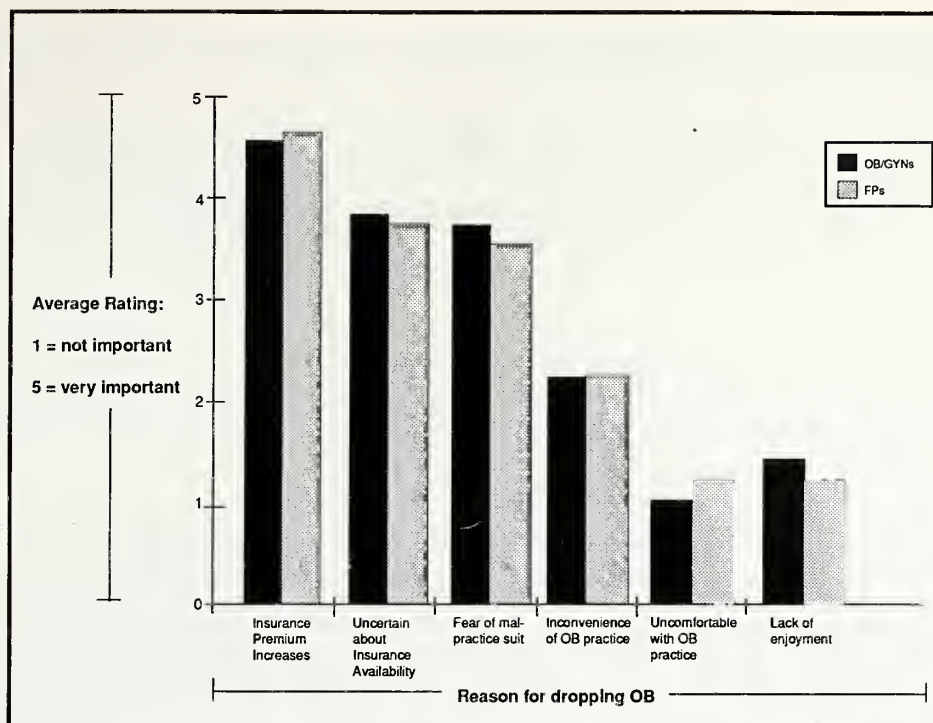


Figure 1: Rating of Potential and Actual Reasons for Dropping OB

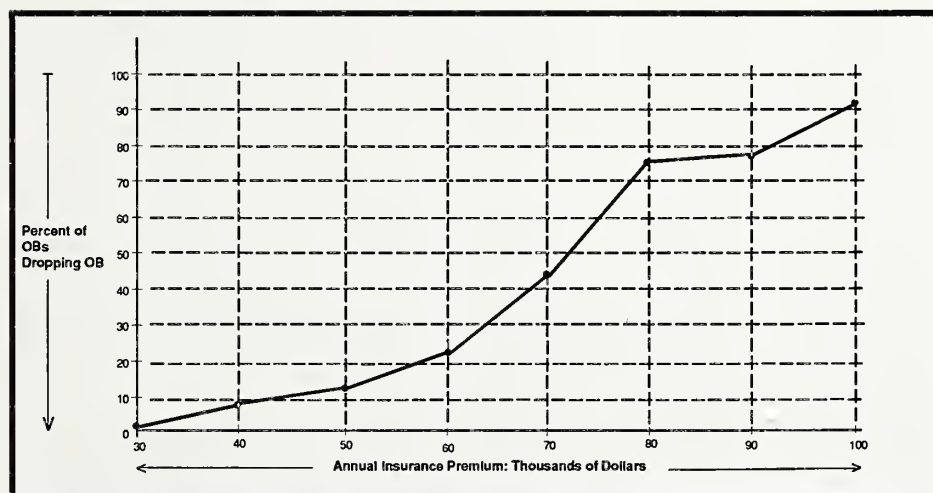


Figure 3: % of OB/GYNs dropping OB with Increasing premiums

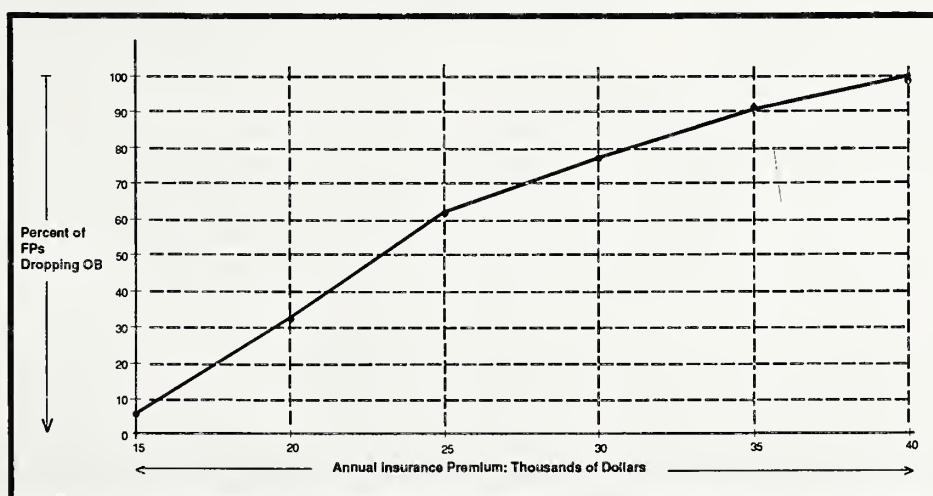


Figure 2: % of FPs dropping OB with Increasing premiums

COLORADO MEDICAL SOCIETY 1988 INTERIM MEETING

SCHEDULE

FRIDAY, MARCH 4, 1988

8:30 am - 4:00 pm	AMPAC Election Year Training Seminar
7:00 pm - 9:00 pm	Hospital Medical Staff Section
7:00 pm - 9:00 pm	Women in Medicine Section
7:00 pm - 9:00 pm	Congress of Medical Specialties

SATURDAY, MARCH 5, 1988

7:00 am - 8:00 am	Young Physician Section Governing Council
8:00 am - 9:00 am	Young Physician Section Meeting
8:00 am - 5:00 pm	Registration
8:00 am - 9:00 am	Constitution/Bylaws/Credentials
9:00 am - 12:00 noon	House of Delegates
12:15 pm - 1:30 pm	Reference Committee Members Luncheon
1:30 pm - 3:00 pm	Reference Committees (2)
3:00 pm - 4:30 pm	Reference Committees (2)
3:30 pm - 5:30 pm	Resident Physician Section
4:30 pm - 6:00 pm	Reference Committees (2)
5:30 pm - 6:30 pm	Judicial Council
5:30 pm - 7:30 pm	Resident Section Section Reception All Interim Meeting Attendees Invited!
6:30 pm -	Women in Medicine Cocktail Reception All Interim Meeting Attendees Invited!

SUNDAY, MARCH 6, 1988

7:00 am - 8:45 am	Caucuses
8:00 am - 11:00 am	Registration
8:00 am - 9:00 am	Nominating Committee
8:30 am - 9:00 am	Constitution/Bylaws/Credentials
9:00 am - 1:00 pm	House of Delegates

**Please check schedule carefully to note any changes or additions to
previously published schedules.**

The Reality of the Attack on the Individual Assignment Option

A very informative (and apparently cordial) meeting between the Patient/Physician Advocacy Council members and senior groups produced a steering committee to work out the problems between the Medicare patients who need financial assistance and those who do not. We have now been informed that Senator Dennis Gallagher (with the endorsement of several senior groups) has introduced a bill requiring mandatory assignment of Medicare claims.

I can think of no greater tragedy for Medicare recipients in Colorado than a bill of this type. The Colorado Medical Society has been working on a plan whereby Colorado physicians will voluntarily accept assignment for those persons who have demonstrated their need for such consideration.

If you have not already received a letter from the Medical Society concerning the "Personal Care Program" (authored by the American Society of Internal Medicine) you will do so shortly. Your participation in this program is a matter of great importance. It should not represent any great change in how you currently deal with Medicare patients. The last statistics that we had were that a little over 20% of the physicians in the state have signed up for participation (fully) with Medicare. In reality, over 70% of all Medicare claims submitted were accepted on assignment. This indicates that there is a very selective and very careful, conscientious approach by the doctors in Colorado to the problems of the Medicare patient.

I personally believe that the institution of this (mandatory assignment) bill represents an enormous information gap. The gap between the reality of the situation and the understanding of it by the groups representing the elderly patient.

The Council on Patient/Physician Advocacy has tried to bridge this gap by meeting directly with the senior groups and by meetings between the Medicare Advisory Committee and senior groups. I know a number of physicians have tried to relate the problems to their individual patients - a very time consuming and sometimes unrewarding effort.

The steps that need to be taken are as follows:

a) We need to actively, and on a very intellectual and conscientious basis, oppose the mandatory assignment bill before the legislature.

b) We need to continue to educate both patients and representatives of senior groups as to the reality of the situation.

*"Are you willing to take the time to let your patients know where you stand?
...Are you willing to stand up for what you believe?"*

In view of the low reimbursement levels available to Medicare patients in Colorado, there are a number of physicians who no longer will be able to care for Medicare patients if mandatory assignment becomes the law of the State. There are any number of other physicians who will attempt, in good conscience, to take care of Medicare patients, but who will only be able to do so by reducing the length of time available to each individual patient. There are, indeed, those of us who, due to increasing pressures from the federal government, the third party carriers and the state regulatory agencies, will simply say, "I have had enough. I no longer can practice medicine the way I was taught

to practice it. I must make unacceptable bargains with my conscience."

Many people think it is an economic matter when in reality it is not. There are a large number of physicians in Colorado who feel that the practice of medicine is a privilege. Most of us, if we could live reasonably comfortable lives, would be willing to practice medicine for nothing. Unfortunately, that is not the reality of the age. Increasing costs of office help, overhead, demands of third party carriers, Medicare/Medicaid, workmen's compensation, etc., have made this a very unrealistic approach. The burgeoning cost of malpractice insurance, amounting up to 10% of overhead (at least in the surgical specialties) re-emphasizes the fact that there is a significant economic reality to remaining in the practice of medicine.

The Medicare patient in Colorado pays the same Part B premium and pays the same deductible in Part B and Part A as anyone else in the United States. There is no discrimination. There is enormous discrimination in the reimbursement for Medicare related services throughout the United States. The fact of the matter is the people in the state of Colorado are being greatly short-changed by the system. The fact of the matter is that we, the physicians of Colorado, have tried to bridge the gap by making concession after concession.

How long will we be able to do this? Where is the logical endpoint to a system which seems to be now programmed to a two tier level of medical service. I, for one, don't think I can accept that, and yet, in reality, I must either accept it or leave a profession and a way of life to which I have dedicated my energies, my heart and my conscience.

Do you feel the same way? Are you willing to take the time to let your patients know where you stand? Are you willing to stand up for what you believe?

*J. O. Cletcher, Jr. M.D., Chairman
Patient/Physician Advocacy Council*

C/M

"Personal"

a Volunteer Program of

by Theodore R. Sadler, Jr., M.D., President

Are you looking for a better way to serve your patients enrolled in the Medicare program, to retain current patients, and to attract new ones?

Are you concerned that the public (and their elected representatives) don't understand what you are doing to help your patients who are experiencing financial difficulties?

Are you currently a "participating" physician who anticipates getting out -- but is concerned about having no alternative to offer your patients?

Do you agree with CMS that maintaining the individual claim-by-claim assignment option is essential to preserving professional autonomy and quality medical care?

If you answered "yes" to any of the above, then we strongly urge you to get involved in the new CMS program:

"Personal Care! There's More Than One Kind."

"Personal Care" is a voluntary program recently initiated by the Colorado Medical Society and the American Society of Internal Medicine to demonstrate that Medicare's individual claim-by-claim assignment option can and does serve well the interests of patients enrolled in the Medicare program.

In this issue of *Colorado Medicine* you will find an enrollment form (You should have received one in the mail by this time). We urge you to carefully consider enrolling because the greater number of physicians demonstrating participation in this program (by actual enrollment) the greater chance organized medicine has in defeating the attack against individual assignment options.

The Commonwealth of Massachusetts recently mandated that, as a condition for licensure, physicians are prohibited from billing patients for any amount in excess of Medicare's "approved amount."

At least seven other states are considering similar so-called "mandatory assignment" legislation.

Congress recently voted to require mandatory assignment of physician laboratory services in order for such services to be covered by the Medicare program. Many powerful members of Congress continue to push for legislation that would virtually force physicians into accepting assignment for all services.

Physicians who voluntarily enroll in CMS's "Personal Care" program agree to take five steps to make the individual assignment option work even better for patients. The five steps are:

1. Answer questions about charges, assignments, or other matters relating to billing and payment -- including what fees will be charged, how fees are determined, and whether or not assignment will be accepted.

2. Help patients file unassigned Medicare claims and obtain proper reimbursement.

3. Accept assignment or provide a discount on fees so Medicare patients having unusual financial difficulties will not have to pay more than Medicare's "approved amount" (i.e., will have to pay only 20 percent of Medicare's approved amount for a given service plus the \$75 annual deductible).

4. Enroll certain patients in a specialized "Personal Care" program so that patients having unusual financial difficulties for an extended period of time will not have to pay more than Medicare's "approved amount" for services provided during a mutually agreed-upon period of time. Patients approved for this specialized program will be given a wallet identification card or a letter which specifies the length of time the program is in effect.

5. Encourage, whenever possible, referral physicians also to accept assignment or provide discount on fees to Medicare's "approved amount" for Personal Care patients.

You are probably saying "I am already doing most or all of these things for my patients." That's fine.

The problem is that your patients -- and their elected representatives -- do not know or understand what you are already doing. The "Personal Care" program makes it possible to get the word out.

Very important to this matter is that the "Personal Care" program addresses the two most common criticisms of the individual assignment option: lack of predictability and a possibly adverse effect on low-income beneficiaries.

This program also provides a highly visible means of showing your patients how much you care -- thus "Personal Care" can be one of your best professional tools for retaining patients and reaching new people.

DOCTOR, is it time for a change?

- You're spending too much time on paperwork.
- You want to live in Europe, not just vacation there for a couple of weeks.
- You want to get involved with academic medicine, full-time.
- You want to subspecialize, but can't support your family on a fellow's stipend.

It's time for a change.

If you are seriously considering changing your situation, you owe it to yourself to consider the Army Medical Department. We have an amazingly wide variety of practice situations available to qualified physicians. Clinical and hospital-based practices in small towns, cities, major metropolitan areas. Sunbelt, Snowbelt, Europe, Asia, Panama. Full-time academic positions. Full-time research and development positions. Fellowships that pay like practice positions. For a confidential evaluation, compensation estimate, and vacancy projection, call

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Fitzsimons Army Medical Center
Aurora, CO 80045-5001

(303) 361-3903/3824

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(Inquiries held in strict confidence; positions guaranteed before commitment.)

MEDICO-LEGAL NEWS

Prepared for the Board of Directors and members of Colorado Medical Society by the legal firm of Montgomery Little Young Campbell & McGrew, counsel to the CMS.

ED. NOTE: In response to requests from CMS members and Component Societies, we are publishing the following article by Brian K. Stutheit, an attorney with the firm of Montgomery Little Young Campbell & McGrew. Mr. Stutheit has done a periodic update of the interpretations of Colorado law pertaining to retention, access, and patient privilege.

PATIENT'S ACCESS TO MEDICAL RECORDS

charge a reasonable fee for providing copies of medical records. It should be reasonably related to the actual cost of copying and mailing such records. A physician is not expected to assume a financial loss for reproducing such records. Similarly, a physician or health care provider should never charge an exorbitant fee for medical records simply because litigation is involved or he or she wishes to discourage such litigation-related requests.

The records must be supplied by the health care provider regardless of whether the bill for medical services has been paid. A provider may not hold a chart for ransom. The Interprofessional Code was also endorsed by the Colorado and the Denver Bar Association.

Neither the Health Department regulations nor the Interprofessional Code specified how much time a physician has to produce copies of medical records. The Health Department says the custodian of records should normally make the records available for *inspection* within a reasonable time, normally not to exceed five working days. It is the general duty of the attorney and the physician to cooperate in the information gathering process. The Code also says that the physician and the attorney should seek ways of minimizing the burden of medico-legal services on physicians.

A physician faced with an unreasonable document request should call the attorney and ask for more reasonable limits and for an extension of time.

The authority of the Health Department to promulgate regulations dealing with private practice records is suspect because the department has no statutory authority to license or review physician offices. The records regulations have been adopted and approved by the Attorney General, however.

Physicians will occasionally be confronted with a subpoena for medical records. A subpoena is an order of court that may be issued by an attorney. Failure to comply with the subpoena may constitute contempt of court and subject the non-complying party to penalties. We suggest that a physician confronted with an unreasonable subpoena make every effort to modify the subpoena by contact with the issuing attorney. Simple failure to comply with the terms of the subpoena can be dangerous. Any subpoena must be served no later than 48 hours before the time for appearance or production of documents set out in the subpoena. The 48 hour limit does not include weekends, thus service of a subpoena on a Friday for a Monday appearance would be ineffective. Nothing is automatic. If in doubt, call the issuing attorney. If that doesn't work, call your own.

CJM

The Colorado Department of Health regulations dealing with access to medical records provide that charges for reproduction of the records should not exceed \$5.00 for the first 10 pages and \$.25 per page thereafter. Special records, such as x-rays, are to be provided at actual cost of reproduction. This charge schedule has been implicitly approved by both the Colorado and the Denver Medical Societies in endorsing the Interprofessional Code between physicians and attorneys in 1986. The Interprofessional Code also says:

A reasonable charge may be requested for copies of medical records. Unless records are subpoenaed, payment of such costs may be required before the records are surrendered.

A health care provider is entitled to

PHARMACEUTICAL FIRM FUNDS TOXICOLOGY FELLOWSHIP

DENVER (1/18/88) A pair of grants totaling \$75,000 to fund a two-year Clinical Toxicology Fellowship Program and to conduct research into the use of cimetidine in acetaminophen overdose have been received by the Rocky Mountain Poison and Drug Center (RMPDC).

Smith Kline & French Laboratories, the pharmaceutical division of SmithKline Beckman Corporation based in Philadelphia, has awarded a \$60,000 grant to the RMPDC to cover the salary and expenses for a clinical toxicology fellow for two years, according to Ken Kulig, MD, Medical Director of the center and Director of the fellowship program.

"The grant from SK&F will allow a physician who has already completed a residency program to continue training in clinical toxicology, a field which desperately needs more physicians. Indirectly, the grant helps the poison center movement as a whole," Dr. Kulig said.

The Clinical Toxicology Fellowship Program at the RMPDC is a two-year program during which a physician in training is given extensive "hands-on" experience in toxicology. The fellowship conforms to the guidelines of the American Board of Medical Toxicology and was recently identified by the American College of Emergency Physicians as one of the few formal training programs available nationwide in clinical toxicology.

Training physicians since 1976, the RMPDC Clinical Toxicology Fellowship Program is operated through the University of Colorado Health Sciences Center and Denver General hospital. The fellow is expected to assist in the education of other physicians, primarily those from the departments of emergency medicine, pediatrics, internal medicine, and family practice. Fewer than ten such programs exist in the U.S.

An additional \$15,000 was received from Smith Kline & French to fund research into the use of cimetidine (Tagamet®) as adjunctive treatment for acetaminophen overdose.

Some clinical studies with cimetidine indicate that the drug has a favorable

effect on acetaminophen metabolism, while animal studies demonstrate that the drug protects against acetaminophen toxicity, according to Dr. Kulig. The grant from Smith Kline & French will help fund what is expected to be a two-year study into the potential therapeutic use of Tagamet in this area.

C/M

We regret to report that Mr. Joseph A. Campbell, Director of Finance, Colorado Medical Society died on Thursday, February 11, 1988, at St. Joseph's Hospital, Denver. Joe Campbell, 64, suffered a heart attack on February 2nd and was hospitalized. He underwent bypass surgery on February 8th but suffered cardiac arrest 48 hours following surgery.

Mr. Campbell was employed by CMS September 13, 1982. He was widely credited with the effective fiscal reorganization of CMS and was known to be a devoted and loyal staff member through some of the society's most difficult years. He will be sorely missed by those who have enjoyed knowing him and working with him. He was born July 14, 1923 in New York, New York, but had made his home in Denver the past 26 years. A graduate of Canisius College, he was Chief Accountant for Stanley Aviation, Finance Chief, Martin Company, Assistant Controller for National Jewish Hospital and Controller for National Asthma Center and the State of Colorado. He is survived by his wife, Jean, seven daughters and two sons, and three grandchildren.



Joseph A. "Joe" Campbell

CONCERNED ABOUT RESIDENT WORKING HOURS AND CONDITIONS?

This is your opportunity to
let your voice be heard!

The
Colorado Medical Society
presents the

RESIDENT PHYSICIAN SECTION MEETING AT THE CMS INTERIM MEETING

DATE: March 5, 1988
TIME: 3:30 - 5:30 pm*
Place:

DTC Hyatt Regency Hotel
(near junction of I-25 & I-225)

Speakers:

Theodore R. Sadler, Jr., MD, President,
CMS: *Welcome*

George O. Thomasson, MD, Risk
Manager, Medical Liability Consultant
Program, Inc.

Topic: *"Risk Management"*

Eric J. Grigsby, MD, Vice-Chair,
American Medical Association
Resident Physician Section.

Topic:

"Accomplishments of AMA/RPS:

****Resident Working Hours*

**** Resident working conditions"*

*Wine and Cheese Reception
to follow
sponsored by
the American Medical Association
Resident Physician Section.*

*Please note time change. Section
meeting was originally scheduled for
7:00 am.



FROM THE COLORADO DEPARTMENT OF HEALTH

This is the second of 2 part series on Cholesterol. The first part was published in the December 15, '87 issue of Colorado Medicine. We recommend that if you do not still have the first part you contact Colorado Medicine offices. We urge you to keep both parts of this article and accompanying charts for future reference.

On October 5, 1987, the National Cholesterol Education Program released the report: "Cholesterol Treatment Recommendations for Adults." This report was developed by a panel of national experts in blood cholesterol control and offers practical detection, evaluation and treatment recommendations for physicians. It updates and expands recommendations to basic policies outlined by previous expert committees, such as the 1984 NIH Consensus

Dietary Treatment

(Refer to Figure 3 "Dietary Treatment" on the accompanying pages.)

Dietary treatment is the cornerstone of therapy to reduce blood cholesterol levels. The view that diet modification is impractical or doomed to failure is not justified. Many people have successfully modified their diets and substantially reduced their blood cholesterol levels.

A cholesterol-lowering diet can be tasty, satisfying, and consistent with good nutrition. Many patients will not need to alter their eating habits radically.

Step One of dietary treatment calls for an intake of saturated fat of less than 10 percent of calories, total fat of less than Panel on Lowering Cholesterol To Prevent Heart Disease.

30 percent of calories, and dietary cholesterol of less than 300 mg/day. Step two calls for further reduction in saturated fat intake to less than 7 percent of calories and in dietary cholesterol to less than 200 mg/day. Both diets aim to promote weight loss in the overweight by eliminating excess total calories.

Referral to a registered dietitian can facilitate instruction for diet modification and monitoring. With proper training, the physician's staff may perform these functions.

For most patients, dietary therapy should be continued at least 6 months before deciding whether to add drug treatment. Dietary therapy should not be prematurely disregarded.

The therapeutic goals recommended in the panel's report, like the cholesterol levels for initiating therapy, are influenced by the presence of definite CHD or other CHD risk factors. Patients with neither definite CHD nor two other risk factors should reduce LDL-cholesterol to below 160 mg/dl. Patients with definite CHD or two other CHD risk factors should have a goal of reducing LDL-cholesterol to below 130 mg/dl.

Conclusion: Cholesterol Treatment

The recommended goals are minimal goals. If lower goals can be achieved, risk may be further reduced.

Although the goal of dietary therapy is to lower LDL-cholesterol concentration, total cholesterol can be used to monitor response to diet for convenience.

Drug Treatment (refer to Figure 4)

Maximal efforts at dietary therapy should be made before initiating drug therapy and should be continued even if drug therapy is needed.

The panel set the initiation levels for drug treatment in such a way as to create a protective barrier to the inappropriate overuse of cholesterol-lowering drugs.

Patients with LDL-cholesterol of 190 mg/dl or greater, and those with LDL-cholesterol 160-189 mg/dl who also have definite CHD or two other risk factors, should be considered for drug therapy.

The drugs available for consideration include: bile acid sequestrants (cholestyramine and colestipol), nicotinic acid, HMG CoA reductase inhibitors (lovastatin), gemfibrozil, probucol, and clofibrate.

The bile acid sequestrants and nicotinic acid are considered the drugs of first choice. Both cholestyramine and nicotinic acid have been shown to lower CHD risk in clinical trials, and their long-term safety has been established. These drugs require considerable patient education to achieve adherence.

Lovastatin is the first of a new class of drugs (the HMG CoA reductase inhibitors). These drugs are very effective in lowering LDL-cholesterol, but their effect on CHD incidence and their long-term safety have not yet been established.

The other available drugs--gemfibrozil, probucol, and clofibrate--are not as effective in lowering LDL-cholesterol as are the drugs of first choice or lovastatin. Gemfibrozil and clofibrate are primarily effective for lowering elevated triglycerides but are not FDA approved for routine use in lowering cholesterol.

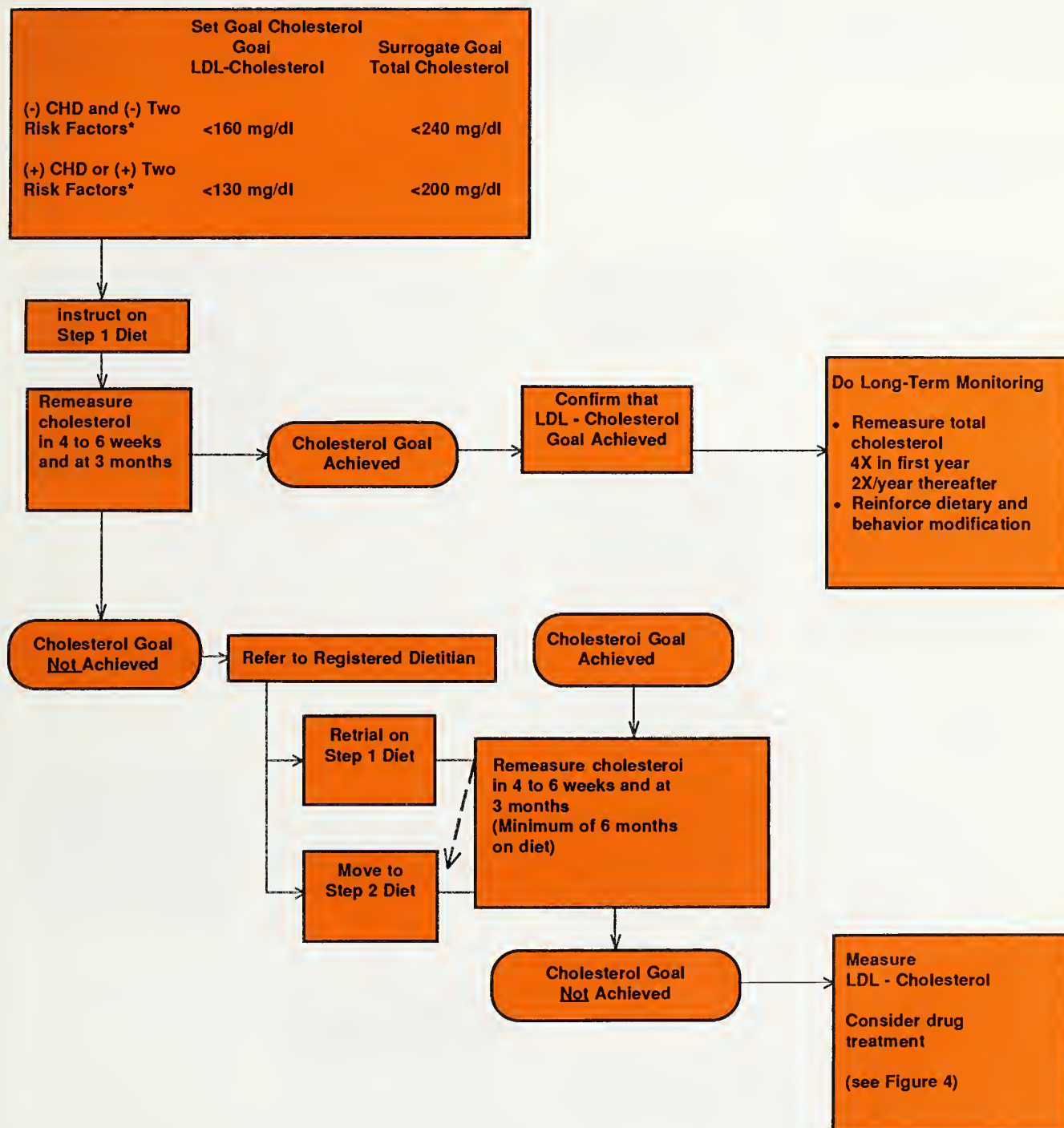
The goals of drug therapy are the same as those of dietary therapy (see page 4).

Drug therapy is likely to continue for a lifetime. Thus, when dealing with the selection of bile acid sequestrants versus newer drugs that may be easier to take, safety must be emphasized.

Cholesterol is an active area of research. Ongoing and future investigations can be expected to expand and refine drug treatment options. *C/M*

FIGURE

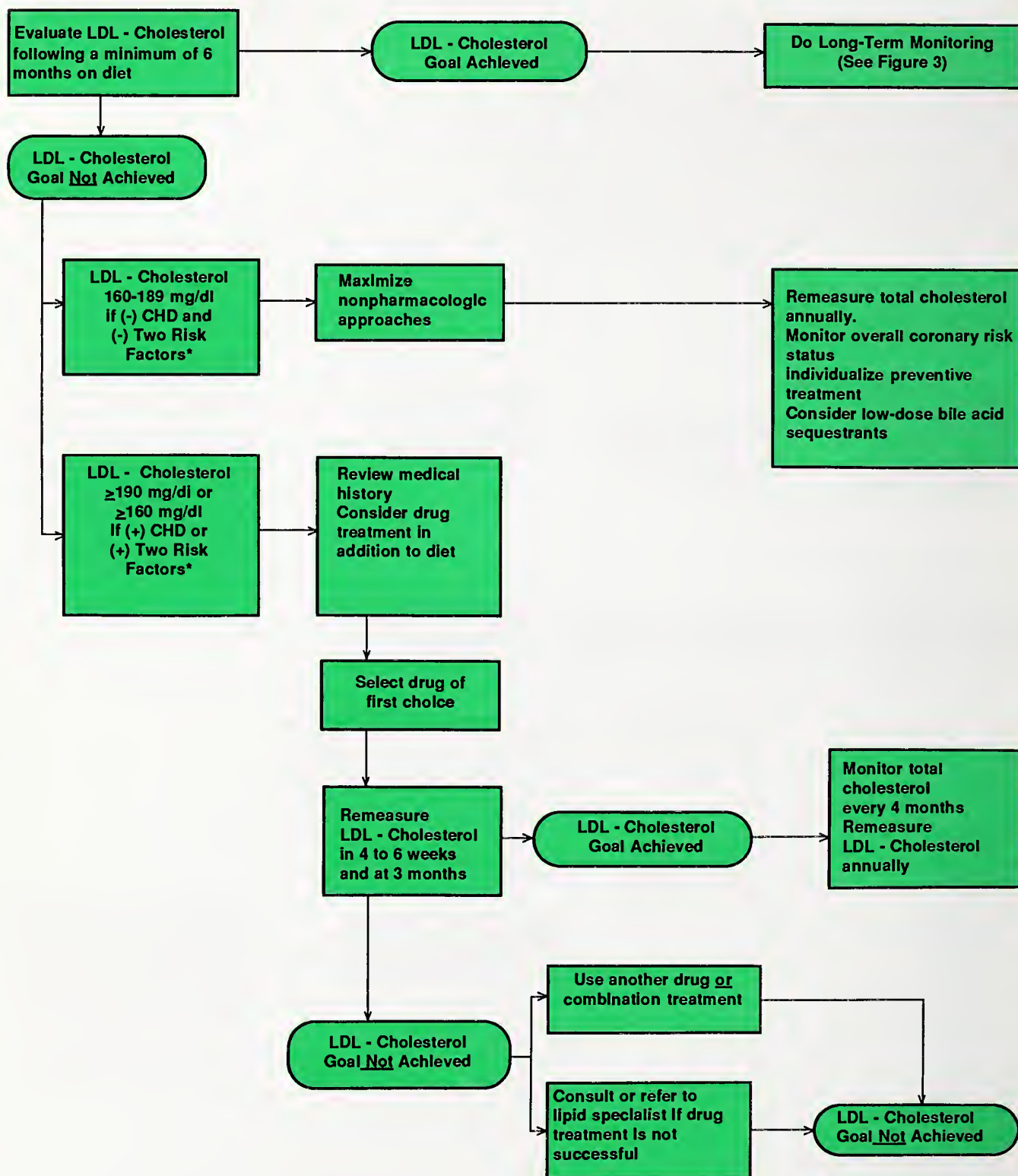
3 - Dietary Treatment



* One of which can be male sex.

FIGURE

4 - Drug Treatment



* One of which can be male sex

STACKS

colorado medicine

March 1, 1988

Volume 85, Number 5

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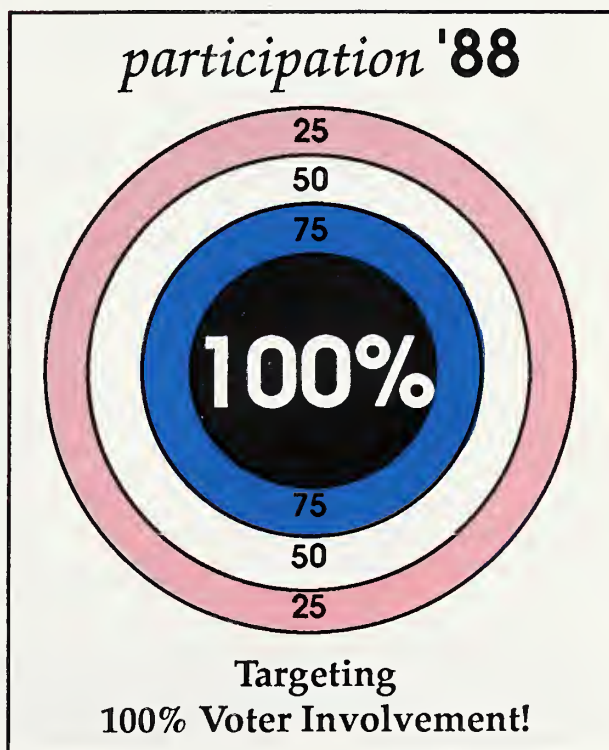
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colorado medicine

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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

Harold F. Frye, Executive Editor
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by Thomas Balkany, M.D., Chairman
Council on Legislation
and Carol Tempest, Director
Government Affairs Division



LEGISLATIVE DEADLINES BEG- GIN TO PLAY A ROLE:

Pre-established deadlines have begun to affect legislative proposals, and February 29th should find all healthy bills on their way to the second chamber. Bill consideration had to be completed by committees in the first house by February 19th with floor action following by the end of February. Three bills of interest to CMS disappeared in the process - HB 1041, the right to reject nourishment; HB 1187, imposition of a sales and use tax on professional services; HB 1242, additions to required screening tests for newborns. The last one may make a second appearance as a "late bill."

Several other bills were killed in committee during February - SB 15, protective services for disabled adults; SB 103, establishment of a trauma systems program, HB 1047, an Alzheimers respite care pilot program, and HB1177, a clean indoor air bill controlling smoking. One of the most exciting moments came when the Senate HEWI committee killed SB 138, prohibition of balance billing for services paid under the medicare program (Gallagher -D-Denver). It was truly a team effort by members of CMS with excellent testimony by Dr. Robert McCartney based in part on the Personal Care program already being pushed by CMS. Pueblo physicians had worked hard with Senator Trujillo and were quoted by him. When the vote came, only one senator voted to keep the bill alive.

Unfortunately HB 1155, allowing optometrists to use therapeutic drugs, remains very much alive after consideration by three House committees.

HEALTH CARE AVAILABILITY

BILL: The health care availability bill, SB 143 sponsored by Senator Strickland (R), Westminster, and Representative Grant (R), Denver, has been extensively amended but is still very much alive. Plaintiff attorneys are making many demands, both privately and publicly, and are opposed to sections of the bill addressing mandatory arbitration, caps on awards, collateral source, expert witnesses, as well as current periodic payment and statute of repose language. In other words, they don't like the bill but can accept the vaccine portion. SB 143 is a difficult bill to carry, and its sponsors should be thanked. HB 1045 (periodic payments) and HB 1078 (statute of repose) have passed the House and will now move to the Senate.

GOVERNOR'S TASK FORCE ON MEDICAL MALPRACTICE:

The task force has issued its preliminary report with urging from the governor that the legislature delay acting on other malpractice bills. Legislative deadlines preclude total adherence to Governor Romer's request, and personal feelings unfortunately are surfacing. An important bill that seems to be emerging from the task force is one strengthening the Board of Medical Examiners. Physicians indicated at the 1987 CMS Annual Meeting their desire to fund more rapid actions; current negotiations with the Joint Budget Committee are going well; and proposed conformance with the federal Health Care Quality Improvement Act will no doubt be a part of the task force bill.

Other Bills of Interest:

HB 1279, governmental immunity for persons treating the medically indigent (Repr. Irwin -R-Loveland). Cleared the House HEWI committee on a straight party vote - Republicans in favor, Democrats opposed. As usual with this concept, two-tiered treatment is the argument.

SB 170, Creation of a Comprehensive Health Insurance Program (Senator Traylor -R- Wheat Ridge). Was introduced with "late bill" status and is an attempt to set up a risk pool made up of all health insurers to cover "uninsurables." The concept has run into problems in the past.

SB 106, Concernings the Workmen's Compensation System (Senator Durham -R- Colorado Springs. and HB 1267, Mandatory Motor Vehicle Insurance (Repr. Dyer -D- Durango), are bills with broad titles and are being monitored closely by CMS. Many hours have been spent on the former with the Division of Labor on guidelines for utilization review.

The economic picture in Colorado and the lack of available dollars are having a great impact on legislation. Any bill with even an outside chance of having a fiscal impact is being sent through the appropriations committees, and many are being killed. We are trying to use this tactic as a plus when possible.

The optometric situation points out once again the tremendous need for activity in the political arena. The rewards are inestimable! PLEASE check the dates below and be a meaningful part of the governmental process that so greatly affects your lives.

(Continued on following page)

Participation '88. Dr. Ben Galloway is the CMS chairman of the Participation '88 program and Ginger Underwood serves as chairman for the Colorado Medical Society Auxiliary. The goal of this effort is to assure maximum involvement of the CMS and CMSA memberships in the 1988 election year activities in order to influence the 1989 legislature.

Washington, D. C. Trip. We encourage you to join CMS staff in this fourth trip to our nation's capitol, April 20-24. We will meet with the Colorado congressional delegations, be briefed on federal health issues by AMA staff, visit the Supreme Court and White House, and have a special tour of the capitol. Airfare and hotel accommodations are \$725 - single and \$1,000 - couple. Special rate are also available for families. Registrations must be forwarded to the CMS Government Affairs Division by March 15th.

C/M

Rocky Mountain Conference on Neuropsychiatry and the Treatment of Persons With Developmental Disabilities:

June 30 & July 1, 1988, to be held at The Lodge at Vail, Colorado.

Topics:

Diagnosis and treatment of affective disorders and aggressive behavior, pharmacotherapy of self-injurious behaviors, clinical use of Beta Blockers, behavioral consequences of anticonvulsants, traumatic brain injury.

Guest Faculty:

C. Thomas Gaultieri, MD;
Robert Sovner, MD;
John J. Ratey, MD;
L. Jarrett Barnhill, MD;
Mark C. Chandler, MD.

Information:

JFK Child Development Center,
UCHSC, 4200 E. 9th Ave., Denver,
CO 80262. (303) 270-8826.

BREAST CANCER

Understanding Treatment Options

It is well known that breast cancer has been the most common major malignancy and the major cause of death in women in the United States. 1987 Colorado statistics indicate 1400 new cases of breast cancer have been detected. Due to the increased risk of litigation relative to the alleged failure to diagnose carcinoma of the breast, and expanded media coverage to encourage women to obtain mammography, it is anticipated that physicians will receive more requests from women in their practices and communities regarding breast cancer and its diagnosis and options for treatment should such be necessary.

Every busy practitioner has experienced the paradox of wanting to provide accurate and timely information to patients and other interested individuals, and the constraints on that process due to the lack of time.

For this reason the Council on Community Health Issues of the Colorado Medical Society has just completed a

mailing to 2205 member physicians of the brochure **BREAST CANCER: Understanding Treatment Options** together with a list of support and discussion groups and a reference list of other cancer brochures.

Additional copies of this brochure are available by telephoning the National Institutes of Health at 1-800-422-6237 or writing NIH at Breast Cancer Education Program, Office of Cancer Communications, National Cancer Institute, Building 31, Room 10A18, Bethesda, MD 20205. The above mentioned brochure is one in a series which may be of assistance in your practice.

The Colorado Medical Society wishes to extend its appreciation to the National Institutes of Health for their cooperation in furnishing this excellent brochure.

The Colorado Division of the American Cancer Society will be sponsoring a Breast Cancer Screening Project in April. Please see additional information on page 93.

DO YOU HAVE USED MEDICAL EQUIP- MENT YOU WOULD LIKE TO DISPOSE OF?

The Rotary Club of North Colorado Springs is collecting used/obsolete/surplus medical and dental equipment to benefit the health services in Mexico. The need for such assistance arises from the September 1985 earthquake in Mexico City which has been aggravated by the severe economic conditions in that country. If you have such equipment or related supplies, please contact Lee Lewis at 596-3932 or William Lloyd at 596-2780. Pick-up will be arranged and receipts will be provided to support charitable deductions for income tax purposes.

AIM HIGH

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MINI-INTERNSHIP LEGISLATIVE FOCUS

by *Malcolm A. Tarkanian, M.D., Chairman
CMS Mini-Internship Program.*

Do you realize the Colorado Medical Society Mini-Internship Program has involved quite a few legislators this past year? If you appreciate these legislators taking time to "Walk in our Shoes", why don't you write and tell them so! We've already printed the proper address and salutation below. Just copy it off and write a note of "thank you" to them. The effort will mean a great deal. They are as follows:

The Honorable Wayne Allard
Colorado State Senate
1203 Jennifer Drive
Loveland, CO 80537
866-4866
Dear Senator Allard:

The Honorable Carol Taylor-Little
Colorado House of Representatives
7040 W. 75th Place
Arvada, CO 80003
866-2951
Dear Ms. Taylor-Little:

The Honorable Dorothy Rupert
Colorado House of Representatives
680 Yale Road
Boulder, CO 80303
866-2915
Dear Ms. Rupert:

The Honorable Les Fowler
Colorado State Senate
Post Office Box 36
Boulder, CO 80306
866-4866
Dear Senator Fowler:

The Honorable Norma Anderson
Colorado House of Representatives
10415 West Hampden Avenue
Lakewood, CO 80227
866-2927
Dear Ms. Anderson:

The Honorable John Ulvang
Colorado House of Representatives
301 Bowline Court
Fort Collins, CO 80525
866-3911
Dear Mr. Ulvang:

The Honorable John Irwin
Colorado House of Representatives
3334 Bent Drive
Loveland, CO 80538
866-2947
Dear Mr. Irwin:

The Honorable Charles Hover, Jr.
Colorado House of Representatives
9850 East City Road #8
Parker, CO 80134
866-2907
Dear Mr. Hover:

The Honorable Jeff Wells
Colorado State Senate
3166 Oak Drive
Colorado Springs, CO 80906
866-3341
Dear Senator Wells:

The Honorable Phil Pankey
Colorado House of Representatives
5763 Shasta Circle
Littleton, CO 80123
866-2953
Dear Mr. Pankey:

The Honorable Leo Jenkins
Colorado House of Representatives
820 Dewey Street
Canon City, CO 81212
866-2959
Dear Mr. Jenkins:

The Honorable Joe Winkler
Colorado State Senate
5670 South Lake Gulch Road
Castle Rock, CO 80104
866-4866
Dear Senator Winkler:

The Honorable Peggy Reeves
Colorado House of Representatives
1931 Sandlewood Lane
Fort Collins, CO 80526
866-2917
Dear Ms. Reeves:

The Honorable Chris Paulson
Colorado House of Representatives
3145 South York Street
Englewood, CO 80110
866-2348
Dear Mr. Paulson:

The Honorable Norma Anderson
Colorado House of Representatives
10415 West Hampden Avenue
Lakewood, CO 80227
866-2927
Dear Ms. Anderson:

Let them know CMS is still interested in them. It couldn't hurt!

AN ADDED NOTE: The Pueblo County Medical Society will be completing the latest "mini-internship program" on April 25 - 26. They expect to achieve the same level of success as those other component societies which have conducted the programs thus far.

If your organization hasn't yet conducted a "mini-intern program" in your area, we invite and urge you to contact the CMS offices for details as to how the program works, how CMS can help you in carrying out the program, and what the program can do for your group and your community. Public participation in these programs has been very positive and helpful in public understanding of medical practice and hospital administration and operation. Colorado state legislative participants are only one factor in the "MIP;" there are many community leaders and participants who have helped in this program, providing a mutual benefit to the medical professional and the general public.

MINUTES
C M S Education and Research Foundation
Meeting of the Board of Directors
Thursday, December 17, 1987 3:00 p.m.

MEMBERS PRESENT:	W. Gerald Rainer, M.D., President John F. Mueller, M.D., Vice-President	OTHERS PRESENT:	Robert S. Brittain, M.D. David M. Haggerty, Mgr.
MEMBERS ABSENT:	Herbert S. Mooney, M.D., Secretary/Treasurer Ronald D. Franks, M.D., Director Rose Pollard, Director		

ITEM

ACTION TAKEN

I. MINUTES OF JULY 7, 1987	Approved
II. FINANCIAL REPORT	
A. Disbursement/Receipts (7/87-12/87)	Information
B. Reorganization of Bank Account	New Account bears higher interest
III. REQUEST FROM SUSAN L. MASTOVICH, MS III, FOR SPECIAL WORK STUDY IN 1989	\$1000 loan approved, pending proof UCSM
IV. CHANGE IN CMS/ERF BYLAWS TO PERMIT CMS/ERF TO ELECT ITS OWN TREASURER, INDEPENDENT OF CMS TREASURER	Elective rotation tabled until next mtg.
V. ARTICLE BY JOANN INTVELD, M.D., ABOUT SPECIAL WORK STUDY PROGRAM IN INDIA SUPPORTED BY CMS/ERF PUBLISHED IN COLORADO MEDICINE (12/1/87)	Information
VI. REQUEST FROM ROBERT S. BRITTAIN, M.D. FOR CMS/ERF INVOLVEMENT IN SPECIAL PROJECT FOR PLACENTAL RESEARCH	Approved in principle, pending formal application
VII. OTHER BUSINESS	
A. D. Scott Smith Request	Invited to attend next meeting, answer questions
B. CMSA CMS/ERF Representative	Formal request: CMSA President - Fill vacancy
C. Agenda Item for Next Meeting	Reassess policy: Loans vs. grants

* CORRECTION NOTICE: Minutes of July 1, 1987 had misspelling.
Should Be: Herbert S. Mooney, Jr., M.D.

**ARE YOU TOTALLY FAMILIAR WITH THE 40 YEAR OLD
"COLORADO CODE OF COOPERATION?"**

As a member of the Colorado Medical Society, it is important that you know the details of the
Public Information Guidelines for Colorado Hospitals, Physicians and News Media..

The "Colorado Code of Cooperation" was created in April, 1948, principally by an action of the CMS House of Delegates. It is a cooperative program that has been widely copied across the United States and is a program that CMS member physicians should be proud of and fully participatory. If you are not aware, contact the CMS Department of Communications today for complete details.

Attention: Primary Care Physicians

from the Executive Committee of the
Colorado Ophthalmological Society

The Colorado Optometric Association (non-medical doctors) has recently introduced legislation (House Bill 1155) which would allow these non-medical doctors to prescribe narcotics, systemic antibiotics, systemic steroids, topical antibiotics, topical steroids and schedule III, IV and V controlled substances. In addition, they are asking for the use of topical beta-blockers for glaucoma therapy.

These non-medical doctors claim that they request the use of these pharmaceutical agents because the outlying areas of Colorado do not have adequate coverage by primary care physicians and ophthalmologists (MDs) to care for ocular disorders. The Colorado Ophthalmological Society (MDs) has clearly demonstrated in a recent publication, "A Health and Cost Issue for Eye Care in Colorado," that medical eye needs are adequately met by physicians in the state.

The optometrists (non-MDs) lack severely in the clinical "hands-on" experience of caring for medical eye disease during their optometric training. The potential harmful effects of this lack of experience would certainly be detrimental to the citizens of Colorado.

The Colorado Medical Society House of Delegates recently passed a resolution (September, 1987) that the Colorado Medical Society opposes legislation that would permit the use of therapeutic agents by optometrists. In addition, the Colorado Academy of Family Physicians also opposes legislation allowing Colorado's optometrists to prescribe therapeutic drugs.

Please voice your opinion and concerns in writing to your legislators about this vital quality care issue. Address these comments to your legislator, State Capitol, 200 East Colfax Avenue, Denver, CO 80203.

Your communication with legislators will have a positive effect on their decision on this bill.

If you have any questions please contact the Colorado Ophthalmological Society (COS) at 770-6048.

COPIC COMMENT

Note: COLORADO MEDICINE'S "Professional Liability Question of the Month" was discontinued some months ago, but we've heard from readers that the feature provided much-needed information in a single voice without many people asking the same question of COPIC Insurance Company. We hope the reinstituting of this feature helps. As major questions occur we'll publish the answers. If you have questions regarding your own insurance coverage, please call Policyholder Services, COPIC Insurance, 779-0044

Question: Please explain if my COPIC professional liability policy will protect the named insured physician when acting as a peer reviewing other physician records?

Answer: COPIC professional liability policy does provide protection for the named insured physician when that physician becomes legally obligated, because of an injury caused by a medical incident, which may arise from the named insured physician's service as a member of a standard review board or similar professional committee. When the insured physician functions as a peer review physician, under a peer review system, they have coverage for liability arising out of their peer review as long as it is related to a medical incident.

However, if the named insured physician is involved in an incident that might be an administrative grievance, not a medical incident, they must look to the respective peer review association for their coverage of non-medical liability claims.

In any event, a COPIC insured physician, acting as a peer review physician, should report any incident that may arise as a claim at a later date. The COPIC Claim Department, in accepting the report, may not be able to determine at the outset whether or not it is a medical incident or an administrative incident. They will, however, provide the insured physician with counsel and defense if necessary, to the point that it can be determined whether or not this is an insured liability under a COPIC policy. Sometimes the claims representative will request the insured physician, reporting a claim, to sign an acknowledgement that the insurance company, by proceeding with the defense of the named insured, has not waived their right to decline paying a claim at a later date, if it is determined that the incident, which was the proximate cause of the liability claim, is not covered under the terms of the insurance company's policy. This document is used only when coverage application is unclear and discovery of facts must be made over a period of time to determine whether or not coverage applies.

CIM

IMPORTANT NOTICE TO COPIC INSURED!

As a Colorado Medical Society member in good standing, physicians are eligible for COPIC's safety group rate as a benefit of their CMS membership. The safety group rate reflects a discount of approximately 10% on an individual physician's quarterly premium. Only those physicians who are a member in good standing of the CMS are eligible for this benefit.

Recently, the CMS provided COPIC

with a listing of physicians who have been dropped from membership for non-payment of their dues for 1988. Such physicians are no longer eligible for the safety group discount, thus, their quarterly premiums are subject to adjustment.

Remember, the COPIC safety group rate is an important benefit of your CMS membership. In order not to lose this benefit and the associated savings, act now to reinstate your membership in the CMS to that of a member in good standing!

Colorado Medicine for March 1, 1988

MAMMOGRAPHY SCREENING PROJECT APRIL 18 - MAY 6

MAMMOGRAPHY SAVES LIVES

In April 1988, the American Cancer Society (ACS) will be sponsoring a nationwide campaign to increase awareness and utilization of screening mammography. Although not perfect, mammography is still the most effective weapon in the early detection of breast cancer. That is why, from April 18 - May 6, the Colorado Division of the American Cancer Society will promote the low-cost mammography throughout our State with the primary goal of promoting the use of screening mammograms at a reduced-cost of \$50 to eligible women. Eligibility is based on current breast health status, age, and date of last mammogram as delineated by the ACS guidelines.

Breast Cancer has been the most common major malignancy and a major cause of death in women in the United States. Recent figures provided by Jan Howard, Ph.D., of the National Cancer Institute, indicate "an estimated 130,000 new cases of invasive breast cancer will be diagnosed among American women in 1987, and more than 5,000 cases of in situ cancer are expected."

The medical community understands that the best way to fight breast cancer is through early detection. The importance of early detection underscores the need for physicians to emphasize with their patients the importance of self-breast exams and mammograms in an effort to help assure the early detection of breast cancer.

As a part of our continuing effort to work with physicians in the role of patient advocate, the Colorado Medical Society is endorsing the Mammography

Screening Project. As such we are asking physicians throughout the state to support and participate in this project to the extent possible.

The following are options for physician participation:

1. Refer patients who need screening mammography to the Project (if possible, utilizing the American Cancer Society guidelines)

2. Agree to accept new patients who need a physician and who self-refer into the Mammography Project

3. Provide information regarding mammography and self-breast exam in your office during the Project. A brochure which you may wish to provide to your patient entitled, "If Mother Never Told You ...Mammography Saves Lives" is available by telephoning Linda Chisholm at the American Cancer Society 758-2030

Additional reference materials are available by contacting the National Institutes of Health at 1-800-422-6237 and the National Cancer Institute at 1-800-4-Cancer.

If you have questions regarding the Project, please call Linda Chisholm at the Colorado Division of the American Cancer Society, 758-2030. We hope that you will consider becoming a part of this important project.

C/M

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If your Preferred Professional Mailing Address should change, please make the change to the right of the address shown. Be sure to retain your membership card. Use this portion of the card for changes only.

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☐ **Representation on a Broad Range of Issues** facing my practice and profession, including not only professional liability and third-party reimbursement but also quality of care, ethical issues, public health, scientific issues, etc.

Look for this card in your AMA Membership Kit

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Please look for the card in your AMA Membership Kit and return it promptly. Your new benefit package is one more way the AMA supports you as a physician.

James H. Sammons, MD
Executive Vice President



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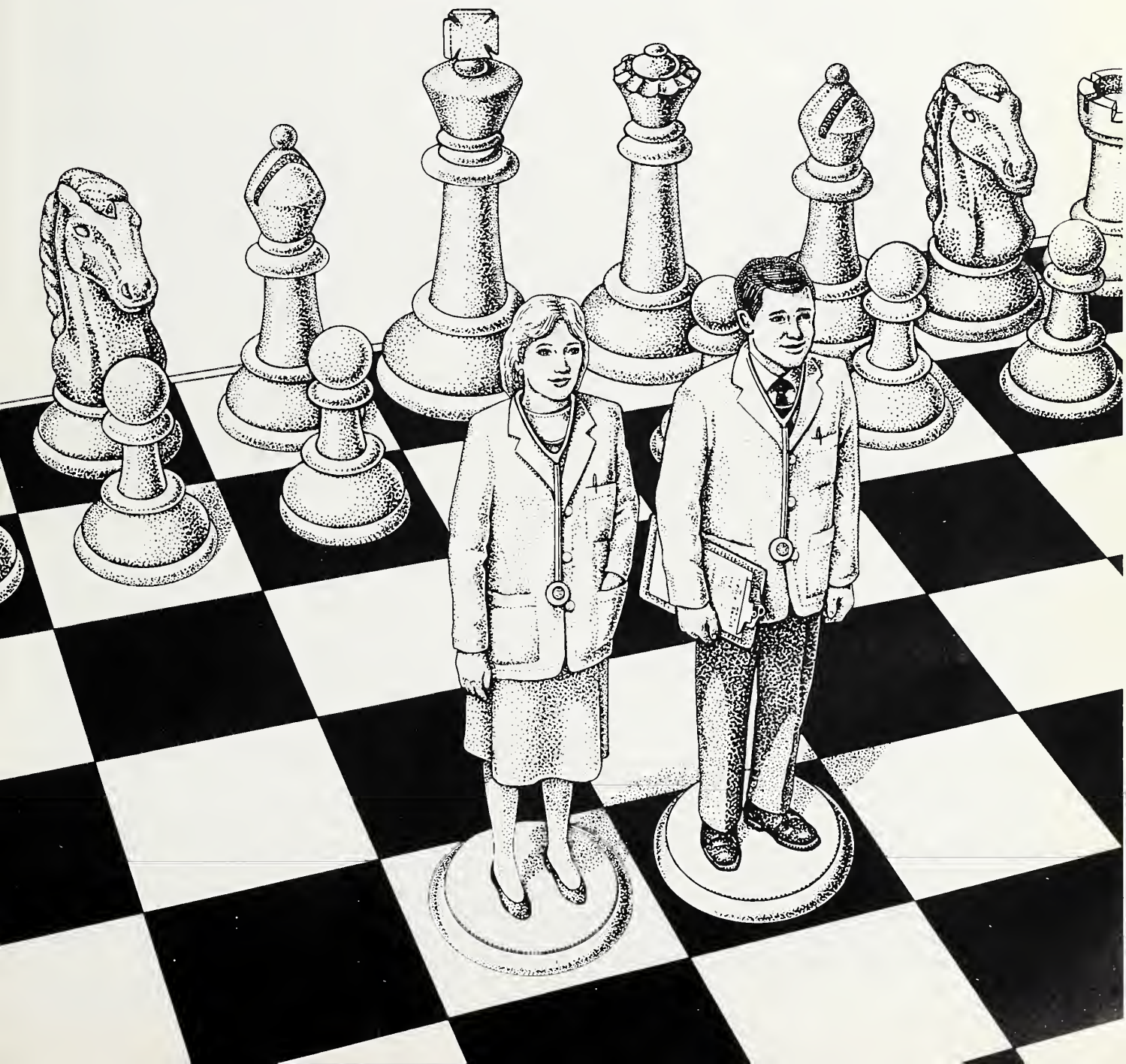
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MEDICO-LEGAL NEWS

Prepared for the Board of Directors and members of Colorado Medical Society by the legal firm of Montgomery Little Young Campbell & McGrew, counsel to the CMS.

I reported in the last issue of Colorado Medicine that Ohio scrapped its program of mandatory arbitration of medical malpractice disputes after 12 unhappy years. Here are the details:

Arbitration was mandatory but not binding, and the results were admissible at trial. Many times the plaintiff's attorneys would not present a case but the defense would. Plaintiff's lawyers thus armed with valuable defense information would then file suit. Many doctors believed that young plaintiff's attorneys formed the majority of the panel of arbitrators and felt they didn't get a fair shake at the hearing and were at a disadvantage when the findings of the arbitrators were admitted into evidence.

The constitutionality of the statute was initially in doubt and because of the problems mentioned above, the defense attorneys waived arbitration and allowed the plaintiff to proceed directly to court. When the Ohio Supreme Court later held the statute constitutional, waiver was not permitted. Subsequently, about 40 different arbitration procedures developed in Ohio's 88 counties, leading to more unhappiness.

Last year Ohio passed one of the broadest tort reform packages ever. The Ohio Medical Society asked that the mandatory arbitration law be abolished and it was.

MEDICAL MALPRACTICE

The Physician-Patient Relationship May Start Sooner Than You Think. After having an abortion at a New York hospital in 1981, Barbara Dillon had bleeding and lower abdominal pain. She visited the emergency room of Kingston Hospital, where she was seen by a physician, sent home with antibiotics and referred to Dr. Jackaway, an attending physician

who was on-call for the hospital, for follow-up care.

When her condition became worse, Dillon contacted Dr. Jackaway, who declined to become involved and suggested she return to the emergency room. When she arrived at the emergency room three hours later, Jackaway again declined to become involved. Shortly thereafter, Dillon went into shock and died.

Her father sued all involved. The Appeals Court found that the hospital by-laws imposed a duty upon on-call physicians to provide services to patients referred by the hospital emergency room, and therefore, there was a factual issue as to whether a physician/patient relationship was created when Dillon was instructed to call Dr. Jackaway for follow-up care. *Dillon v Silver*, No. 30849, N.Y. Sup. Ct., App. Div., First Department, November 10, 1987 (Health Law Digest, Vol. 16, No. 1, January, 1988).

ANTITRUST IN THE HEALTH CARE FIELD

Federal Trade Commission Stands Up For Nurse-Midwives. In a recent consent order proposed by the FTC, a hospital would be prohibited from refusing to grant privileges to certified nurse-midwives unless the staff reasonably believes that such denial would be in the hospital's best interest in providing health care services. Apparently a staff committee originally granted privileges to allow a nurse-midwife to deliver babies in the presence of a physician as called for by state law. The Complaint alleges that soon thereafter, the committee received complaints from various staff members and heard rumors that certain obstetricians were threatening to move their patients to other facilities. With this in mind, the committee reversed itself and withdrew the midwife's

privileges without any reasonable grounds (Medical Staff Memorial Center, FTC, CCH Trade Reg. J22,508, Trade Regulation Reports at 846, February 4, 1988).

Antitrust and Health Care--The Enforcement Agency's View. Robert Montgomery, Jonathan Gordon and Catherine Meyer of Montgomery Little Young Campbell & McGrew, P.C., counsel to CMS, recently attended a three-day anti-trust seminar in Washington, D.C. Top FTC and Justice Department officials spoke about mergers of both hospitals and medical practices said that they would take a hard look at the effect on competition in deciding to oppose these mergers. A key question is how the proposed merger would affect a competitor's ease of entry into the market place. They will watch for mergers of large groups of specialists and in more rural areas, mergers of smaller groups or even isolated general practitioners.

All the officials warned of the dangers of concerted action by physicians in setting or agreeing to fees, dividing patient or business markets or otherwise boycotting a competitor. Fred E. Hainers, Esq., an acting chief in the U.S. Department of Justice, said the focus of his division's criminal enforcement of antitrust violations would be on *agreements* among physicians to eliminate or oppose discounts from HMO's, PPO's, etc., *boycotts* by competing physicians to the entry of new alternative delivery systems to the market and *concerted* negotiations by competing practitioners with all forms of alternative delivery systems and third party payors.

It is clear that 1988 will be another active year in federal enforcement of antitrust laws. If your group is considering a merger, consult a health care antitrust attorney to help you through the maze.

CIM

NEW REQUIREMENTS REGARDING DISCLOSURE IN ASSOCIATION FUNDRAISING SOLICITATIONS

If you are involved in a specialty society or other association's fundraising activities, take note of this provision of the 1987 Revenue Act.

The purpose of this notice is to bring to your association's attention a provision included in section 10701 (a) of the Revenue Act (H.R. 3545), passed by Congress in December, 1987.

The provision in question requires all fundraising solicitations made after January 31, 1988, by tax-exempt organizations (other than Section 501(c)(3) groups) to contain "a conspicuous and easily recognizable statement that contributions or gifts to the organization are not deductible as charitable contributions." Failure to comply entails a penalty of \$1000 per day per offense.

The congressional committee report that accompanied H.R. 3545 specified that the above requirement covers dues billings as a fundraising solicitation.

At the same time, the statutory language itself does not clearly state that dues billings are to be included. At least one national organization has requested a formal IRS ruling that the disclosure requirement does not apply to ordinary dues statements of Section 501(c)(6) organizations. Although the IRS had not responded as of January 31st, all indications point to the disclosure statement being required for dues billings by 501(c)(6) organizations.

We therefore advise you that your association comply with this requirement in all fundraising solicitations - including dues billings and invoices - made on or after January 31, 1988. We suggest that the following statement be prominently displayed in such mailings:

"Contributions or gifts to (association name) are not deductible as charitable contributions for federal income tax purposes."

In dues billings, you may wish to add the following:

"However, dues payments are deductible by members as an ordinary and necessary business expense."

Such a statement need not appear on the invoice itself, but must be clearly and conspicuously displayed in the solicitation package. If your association has already prepared a solicitation mailing, we suggest that a "rubber stamp" be used in or on the package.

We will keep you informed of any further developments but, in the meantime, we urge your prompt compliance with this new disclosure requirement.

C/M

CHAMPUS INCLUDES MENTAL HEALTH COUNSELORS AS AUTHORIZED PROVIDERS

Beginning February 24, 1988, the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) will share the cost of covered psychotherapy provided by mental health counselors who meet CHAMPUS requirements. Mental health counselors may provide psychotherapy for patients who have a medically diagnosed mental disorder, subject to the referral and supervision of a physician.

CHAMPUS requires that mental health counselors meet specific educational and experience standards. The CHAMPUS requirements are:

- A master's degree in mental health counseling or an allied health field from a regionally accredited institution;

- Two years of post-master's experience, which includes 3,000 hours of clinical work and 100 hours of face-to-face supervision;

- A state license or certificate to practice as a marriage and family counselor, pastoral counselor or mental health counselor; if the state does not provide for licensure or certification, the counselor must be certified by, or be eligible for, membership in the National Academy of Certified Clinical Mental health Counselors (NACCMHC).

Membership in the NACCMHC may be verified by checking the association's register or by calling the association at 1-800-354-2008.

Mental health providers should be aware that CHAMPUS shares the cost of psychotherapy for only those mental disorders listed in DSM III. The disorder must be severe enough to cause distress and must interfere significantly with a patient's ability to carry out his or her usual activities. CHAMPUS cannot share the cost of counseling services that

are not medically necessary in the treatment of a diagnosed medical condition, such as educational or vocational counseling, or counseling for socio-economic purposes. Services provided by alcoholism rehabilitation counselors are covered only when care is given at a CHAMPUS-authorized alcohol treatment facility and the cost of counseling is included in the facility's CHAMPUS-determined allowable charge.

A physician must refer a patient to a mental health counselor for the treatment of a medically diagnosed condition. The physician must actually see the patient, do an evaluation and arrive at an initial diagnostic impression prior to referral. Documentation of the examination, diagnostic impression and referral must be submitted with the initial claim for services.

CHAMPUS rules also require that the referring physician must provide oversight and supervision of the episode of treatment. Overall case management rests with the physician.

C/M

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PROFESSIONAL OPPORTUNITIES

URGENT CARE BOULDER: Full-time and part-time position in busy urgent care center. Excellent remuneration, flexible scheduling. Send CV to: Director, Urgent Care, Boulder Medical Center, 2750 Broadway, Boulder, CO. 80302 1/3188-2

METRO DENVER: Large primary care group looking for B.C./F.P. to fill full-time and part-time positions in family practice/occupational medicine practice. Salary base plus incentives. Send C/V to Medical Director, ROMED Corporation, 4636 E 9th Avenue, Denver, CO 80220. 3/11588-4

ANESTHESIOLOGIST: Denver Metro BC/BE join private practice group. No nights, no call and flexible schedule. All applications strictly confidential. Apply by CV and salary requirements to CMS, c/o Box 004. 2/21588-2

COLORADO SPRINGS, PUEBLO: Full-time part-time positions available in newly built hospital affiliated urgent care facilities for primary care or family practice physicians with general medical experience. Please send your CV (which must include either a salary history or current salary requirements) in confidence to Larry Shoemaker, MD., Interstate Health Services, Inc., 2321 N. Tejon St., Colorado Springs, CO 80907. 6/12187-12

OB/GYN, PEDIATRICS & INTERNAL MEDICINE: Practice opportunities available with progressive multi-specialty group. Excellent compensation and fringe benefit packages. Applicants must be BE or BC. Contact: Michael Cullen, M.D., Southern Colorado Clinic, PC 2002 Lake Avenue, Pueblo, CO 81004. 303-584-7171. 6/2188-12

FAMILY PRACTICE: OB/GYN and PEDIATRIC practice opportunities available in Colorado's Community and Migrant Health Centers. Facilities range from an isolated single rural provider site to large urban neighborhood health centers. Salaries negotiable upon experience. Excellent fringe benefit packages. Contact: Susan Grimm, Health Services Coordinator, Colorado Community Health Network, 501 28th St., Denver, CO 80205. 6/91587-12

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GENERAL SURGEON - BOARD CERTIFIED OR ELIGIBLE to join full-time staff at Veterans Administration general medical and surgical hospital, Grand Island, Nebraska. Contact J. E. Fitzpatrick, M.D., Chief, Surgical Service, at 308-382-3660, ext. 2306. 1/3188-1

POSITION AVAILABLE IMMEDIATELY for BC/BE allergist, obstetrician/gynecologist, radiologist, and general internist in group practice HMO with busy clinic practice. Competitive salary and benefit package. Contact: V. A. LaFleur, M.D., Associate Medical Director, Colorado Permanente Medical Group, P.C., 2045 Franklin Street, Denver, CO 80205 (303) 861-3262. 2/3188-4

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AIDS *in Colorado*
A Special Report

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March 15, 1988

Volume 85, Number 6

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Thomas M. Vernon, MD, Director
Colorado Department of Health:
Sobering factors about a nationwide epidemic
and its telling effect in Colorado.

Dr. J. L. Kurowski, Chairman
CMS Task Force On AIDS
Report: The responsibility of physicians to treat

Also in this issue:

"To Participate or not to participate"

CMS Inside Washington: Dealing with
the "Medically Unnecessary" denial

Special: CMSA "Mile High News"

Actions of the House of Delegates
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James H. Sammons, MD
Executive Vice President



American Medical Association

535 North Dearborn Street
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colorado medicine

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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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AIDS in Colorado

Keynote Address to the 118th session of the House of Delegates,
Colorado Medical Society, March 5, 1988

by Thomas M. Vernon, Jr., M.D., Director
Colorado State Department of Health

***"We now have
an epidemic nationwide
with 55,000 or so
reported cases...."***

I want to start with a generic comment about the kind of work that has been occurring in the public health field by the Colorado Medical Society. In the sense that we in public health have for the very strong support and interest which is being given to public health and public health issues in this state, I believe we have attained a new standard in cooperative working relationships between organized medicine and the public health agencies of the state.

This not only represents myself, as director of the State Health Department, but also those directors of local health departments in this state who are very active members of this society. One of whom, of course, is with us today, Dr. John Muth, who is director of the El Paso County Health Department.

I believe it would be appropriate to address the status of the AIDS epidemic and what we in Colorado are doing, labeled by many in this country as a model for what other parts of the country should be doing.

So I have a couple of objectives. One is to give you a sense of where

this epidemic is going. What is happening. What are the trends from the data which are available and what does that suggest to us.

Second, because I had the opportunity earlier this week to testify before the Presidential Committee on AIDS, to give you a flavor of that commission, the testimony I have provided to them, and perhaps their response to the Colorado testimony.

We now have an epidemic nationwide with 55,000 or so reported cases, since the first cluster of cases reported in 1981 out of Los Angeles. Here in Colorado, our first case was in 1982. As of February 29 of this year, we have 598 cases in Colorado. That is up from 340 cases at the end of February 1 the year before. In fact, let me give you a sense of the year by year progression of this epidemic in Colorado:

• 1982 -	7
• 1983 -	23
• 1984 -	44
• 1985 -	92
• 1986 -	166
• 1987 -	210

In the first two months of 1988, there have been 56 cases reported. So in fact, while 1987 increased by 126 1/2% over 1986, if the first two months of this year are any indication of a rate which we would find for the remainder of 1988, we will increase 160% in 1988 over 1987.

Those are sobering data. Perhaps, most sobering of all, is that of the 598 cases reported to date, 356 are dead. That is right at 60%.

It is interesting to note that the distribution of cases by risk group and by sex is holding rock steady. In mid 1986, 3.8% of Colorado's cases were female. In February, 1988, 3.8% of Colorado's cases were female.

So while the absolute number is growing, it is growing directly in keeping with the total number of cases.

Likewise, the other percentages in Colorado are holding rock steady. Let me give you some of those data. The percentage of homosexual males continues to be 75%. Of IV drug users in Colorado, only 4.2%. Both homosexual and IV drug user is 12.2%. These are literally unchanged. Decimal point changes only since 1985, 1986.

Transfusion cases now constitute 3% of the total. That is a slight uptick from what it has been the last year or so at about 2 1/2%. There were 5 cases recently reported. That is a total of about 18 cases in Colorado attributed to transfusions.

The hemophiliac cases constitute 2.2%. Heterosexual contact to known high risk individuals, or known infected individuals, that is a key statistic for us as we view the totality of this epidemic for the future - that is only one percent in Colorado.

And then a group which we describe as no identified risk factor. In most cases, because we don't yet have the data, or the individual died before the interviews, and so forth, constitutes 2.3%.

So that gives you some sense not only of the distribution among risk groups, but also the fact, if I may repeat, that it is holding quite steady over more than a two-year period.

We now have 32 counties of our 63 in Colorado reporting one or more cases. The highest number, of course, is in Denver, reporting 356 of the 598 cases, and by far the highest case rate.

The one thing that characterizes Colorado has been our testing program, about which so much has been said. I'd like to give you some of the testing data, because there we are

Colorado Medicine for March 15, 1988

looking not just at the data on what happened three, four, five, seven or eight years ago. With our testing program, we have a much more immediate view of more recent experiences in infection.

Colorado has tested 28,902 individuals through December 31, 1987. 19,300 of those are males. The overall positivity rate for the total population is 8.7%. The percentage for males is 12.5%. Of the 9,600 females tested the positivity rate is 1.2%.

Let me give you the risk group distribution among those tested in terms of positivity rates. Homosexual males the positivity rate is 27.3%. Bisexual males, 15.8%. Heterosexual males coming to the clinic, 3.5%. Among the slightly over 100 hemophiliacs tested, it is 38.5%. That is right on line with the national positivity data for hemophiliacs.

That gives you some sense of the numbers and proportions of AIDS cases in Colorado. But the really difficult test before us, not only in Colorado, but across this nation, is determining the true prevalence of this infection. What is really going on out there? Obviously, the data which I have shared with you either reported AIDS cases, or more particularly, individuals who voluntarily come to be tested, give a clearly skewed picture of the prevalence in America.

To answer such questions as the continually reoccurring question, "Is there a growing epidemic in this heterosexual population in this country?", we need a better view of what is really going on.

Despite remonstrations from the White House that we get out there and do a random house-to-house survey, with their excellent training and background in biostatistics and epidemiology and controlling the federal deficit, and other such things, the Center for Disease Control has indicated, and we all understand, how expensive and probably logistically impossible it would be to carry out a truly random house-to-house survey.

One pollster has checked that out. He found with 4,000 respondents that as many as 1/3 of them would refuse to be tested if their door were knocked and they were asked to give a blood specimen.

So as a substitute, the Centers for Disease Control in cooperation with us, and a number of the states, are

putting together a composite of serologic surveys which has been labeled the "Family of Surveys." It is now under way. We in Colorado are participating in that in a number of ways.

Many of those data are not yet available. From the data we do have, from a variety of groups that have been tested, I want to give you a sense of what we now understand. When I say "we," I speak broadly. I am mostly a political bureaucrat administrator. The real work is being done by our epidemiologists and the folks at CDC.

You will remember in 1986 the Public Health Service put together a

"...it was projected for the year 1991,... there would be, in that year alone, 74,000 new cases of AIDS in the U.S."

group which met in Coufaut, West Virginia, with projections. They used the estimate of one-to-one and a half million Americans infected as of that summer. From that it was projected for the year 1991, which was then five years hence, there would be in that year alone, 74,000 new cases of AIDS in the U.S. That compares with 55,000 total cumulative cases as of right now. And that in 1991 there would be 54,000 deaths in that year alone.

Now two points about those estimates as they have now been reviewed by the statisticians and our colleagues in epidemiology. The first is that the growth curve of the AIDS epidemic is right on the line that was predicted toward that 1981 estimate. There is no evidence that the true growth curve is differing from that.

South Florida continues to be a very difficult place in the instances of AIDS, as are San Francisco, Los Angeles, New Jersey and New York.

The second point is that in review of those estimates in 1986, that there is no reason to believe that the number infected is different from one to one-and-a-half million. Now it is suggested that maybe in the summer of 1986, when those estimates were made, they were a bit high. One-to-one-and-a-half million is the best

prediction right now.

I'd like to review some of those data and trends that lead to those conclusions by a variety of groups. First, gay men. This is the only area, and even there quite focal, where one might say there is some good news in this epidemic. There has been a substantial drop in the rate of infection in gay men, at least in certain urban areas, where cohorts of gay men have been studied sequentially.

San Francisco is the best studied. There, the estimated annual infection rate has dropped from a high of 21% in 1982. That is, of the cohorts studied, there is evidence of 21% of the cohort became newly infected in that year to an estimate in 1986 of 0.8%.

Data in Denver suggests the same phenomenon is occurring. That is that the message about this epidemic, and about ways to prevent it, has reached this population. In Denver, the rate of acute gonorrhea among gay men has absolutely plummeted. It is now at less than 20% of the rate which occurred in the year 1982, at which time it began to drop.

The key issue is that other sexually transmitted diseases with shorter incubation periods, especially gonorrhea, but also syphilis, have dropped rapidly in this particular group.

But there is some very sobering data about that again. Has this message reached gay men outside of these urban, educated gay communities? In Miami, where the gay population is predominantly Black and Hispanic, the rates of gonorrhea and syphilis have remained just as high as they were six years ago, and just as high as they were remaining in the heterosexual population.

Syphilis in the last two years has increased substantially in this nation. Not in Colorado, I might add, but substantially. At a time when the most intensive educational messages about sexual behavior in the history of our nation have been provided.

So that message from Miami is really disturbing and we don't know what is really getting to even in the gay population, other than these urban areas that we are talking about.

Second, IV drug users. This is a disaster. In New York City and in upstate New Jersey, in northern New Jersey and in Puerto Rico, serologic

surveys of IV drug users show positivity rates of 50-60%. At our testing sites here in Colorado, the rate is 2.7%. That is a fair number. Well over a hundred IV users have been tested, not as many as I would like to have tested, but still 2.7%. Encouraging for us, an opportunity for us to deal with the IV drug user population in Colorado, before this virus gets introduced into the population. A third group, heterosexual partners of infected persons or persons known to be at high risk. Here, data are extremely difficult to come by. I thought I would read to you a brief section from CDC on that subject:

"The prevalence of infection observed among these populations ranges from under 10% to as high as 60%. It is not clear whether these differences reflect different levels of infectiousness of the partners, or reflect differences in the frequency or type of sexual exposure, or the duration of infection in the source partner, or coexisting infection such as genital ulcers in one or both partners."

Incidentally, there is some developing literature on the contribution of coexisting syphilis to the transmission to the HIV and some of the nicest work has been done by Dr. John Muth in Colorado Springs on this issue.

Recent evidence suggests that infectiousness increases with deterioration of the immune system of the source partner.

That is not yet very well developed.

The relative efficiency of male to female versus female to male transmission may be an important determinant in rates of heterosexual transmission, but there are not yet sufficient data to definitely evaluate the differences.

Lots of questions we don't know there.

Next group, blood donors. At the institution of the screening test, you will remember the FDA released the ELISA test in April, 1985, about 3.5 per 10,000 blood units donated were positive. That has dropped to between 1 and 1.2 per 10,000 primarily as a result of eliminating previously identified positive donors from the donor pool. It probably does not

indicate a decreasing infection rate from our population.

There is some very good news here for us. Dr. Bob Chapman from the Belle Bonfils Blood Bank reports that the last western block positive in a donated block there was in May, 1987. Some 53,000 units have been donated since there was last a positive at the Belle Bonfils Center.

Next military applicants. I say applicants and not recruits. Because, remember, these individuals are never actually recruited, they are rejected when their test is positive, before they become recruits. The rate nationally is 1 1/2 per thousand. In certain census tracks, particularly on the East Coast, it is as high as ten times that much or 1 1/2%.

Over 90% of these positive military applicants have recognized risk factors, either homosexuality, bisexuality or IV drug use. Again, a contribution from Colorado Springs, because they have done similar work with positive active duty military in a civilian environment, to learn that those active duty military, 85-90% of them have known risk factors.

Prostitute studies. Again wide variation by geography. In several cities in New Jersey, the rate is 45%. In South Florida it is 41%. In Colorado Springs it is 1%. In Denver among incarcerated prostitutes taken

"...of the prostitutes who come into our test sites, the positivity rate is 1.8%."

in for one reason or another, out of 306 tested, 0.7%. And of the prostitutes who come into our test sites, the positivity rate is 1.8%.

The last group I will mention is newborn screening. It is an important undertaking because we have, in place, that blood collection mechanism from the newborn, for purposes of PKU, hypothyroidism, homocystinuria, and the six tests we do, we have a filter paper spot which is usable for the purposes of detecting, not infection in the newborn necessarily, but maternal antibody.

This is one of the family of surveys which is being proposed by the CDC and we want to participate here in Colorado. First the data out of Massachusetts which many of you saw in the New England Journal just last week. Their studies so far of such newborn bloods, one out of 476 are positive. That is distressingly high from my point of view. That is 2.1% per thousand women having babies in Massachusetts have the antibody. That ranges from .9 per thousand in suburban and rural hospitals to 8 per thousand in the inner city.

The folks in New York have just begun their program and have tested 19,000 people. These data are not yet published. They have a rate of 8.6 per thousand statewide. In New York City overall it is 16 per thousand or 1.6%. That ranges from up to in Bronx, 23 per thousand women tested are positive as determined by testing of the newborn.

As might be expected if one does an overlay of the census tracks with the highest positivity rate, with an overlay of the discharge rates from their drug treatment center, they are virtually identical. This is an IV drug use problem, in the pregnant women at least in the northeast. I expect that is what we would find in Colorado.

There is much to be said about this kind of survey. As in the other parts of the country where this kind of survey is being done, the identifiers on the blood specimen will be unlinked from the blood specimen itself. The six tests will be done for the inborn areas of metabolism and then there will be a guaranteed unlinking.

And it raises an interesting question. Yes you are getting a true prevalence, because you don't have anyone who would refuse. But you are holding information which cannot be provided back to the individual who is positive. An ethical question that is being considered everywhere this kind of study has been done, and has always been concluded to be appropriate because of the ability of the program to redirect its efforts from what is a true prevalence picture in a very important population, namely childbearing women.

So we want to move forward with that and are consulting with some of you on that subject. In particular, Dr. Fred Abrams who has been very helpful to me in talking this over.

On Tuesday I commented about the Colorado model. Some don't call it a model, some call it particularly less flattering names, in AIDS control. That commission had a bit of turmoil six months ago, when the first chairman resigned, seems to have its act together now.

They were clearly ready to hear from us. I was there on a panel which consisted of two or three other public health people. They were anxious to hear what we had to say. One reason they have heard about the Colorado model is that a number of people go around this country talking about it. One person is Surgeon General Koop who has mentioned Colorado in a number of speeches. Another is our old friend Roy Schwarz (M.D.) who has worked with us and our program, and in AMA circles often speaks of the Colorado program in flattering terms.

You will remember that we became one of the first two states to require antibody test reporting for the positive HIV antibody test. That was November, 1985. Whether that decision and our model, which has been called in fact a model or by some less unhappy name, for us the fundamental question, the continually recurring question, is whether the use of traditional methods which we are applying in Colorado achieve a balance for public health intervention which optimally protects both the public's health and the rights and confidentiality of individuals.

Now, there have been essentially three promulgations in Colorado which ally our efforts. The first is the one I have already mentioned, November, 1985 making it reportable. The second was the Denver Board of Health, who decided to regulate bath houses and other such places where HIV may be transmitted. That was in 1986. The third and most important, historically, was HB 1177, in the last legislative session, which the Governor signed in June, 1987, with your very considerable support for which I was very grateful.

Let me comment briefly on that bill. You will recall that its primary purpose was to protect the public health records which result from the reporting requirement itself. Indeed our legislation protects those public health records against subpoena, discovery proceedings, search warrant,

or otherwise. It prevents testing of an individual without the consent of that individual, except under certain circumstances, one of which is that a health care worker has been exposed to the blood or some other body fluid, and there was evidence that transmission might have occurred.

Our legislation places stiff penalties upon individuals in the public health system who would inappropriately release confidentiality. A very key point is that this legislation distinguishes these public health records and the reports to public health from medical records.

We have very good protections of medical record confidentiality already existing in other legislation in Colorado. So HB 1177 in no way should be interpreted to inhibit the transfer of medical information from one physician to another, from a hospital to a hospice, or other such transmission of information which serves the medical needs and purposes of the patient.

Now there have been three criticisms of what we have done in Colorado. One is that there will be a substantial increased risk to the confidentiality of individuals. The result will be further discrimination which will add insult to the injury of the epidemic which is already occurring in the gay community.

Second, that gay men would go underground, that they would not be tested. And third that there would be no efficacy in Colorado's program. In short, there would be significant risk with no benefit.

I think we have to wait a while before one can weigh full judgment from a longer historical perspective. I will tell you that the results as of March 5, 1988, for Colorado's model are very encouraging.

There has been no breach of confidentiality of these public health reports or these public records. There is no discriminatory act which can be traced to this. Clearly discrimination continues in our nation and in our state. But not coming from our public health system. Our testing program continues to be successful. In calendar year 1986, Colorado tested more individuals per capita than all but four other states in the country.

I want to compare particularly with the state of California which has by statute strict protections of anonymity

which until recently would not even allow a physician to inform a third party or partner, not even a spouse. Consistently, through mid 1987 Colorado has tested 20% to 40% more individuals per capita than has California. Variations per month and

"...Colorado has tested 20% to 40% more individuals per capita than has California."

per season appear to be precisely the same in California as they are in Colorado, suggesting that whatever influences there are on individuals coming in voluntarily to be tested, they are no different for Colorado than they are for California. Note the heterosexual scare in our news media in 1987. They are almost certainly not due to anonymity versus confidential reporting.

So there is nothing in our experience to date that suggests that risks to confidentiality are increased, or that very many people are avoiding testing in Colorado. But most encouraging of all to me are the early data on efficacy of what we are doing.

Let me give you three very quickly. First is 10-15% of the individuals that come to our testing sites who are positive who do not return for the test results or the all important counseling. Because we have identifier information on the majority of those individuals, we have been able to follow them into the field, and to provide that counseling whether or not they choose to learn the actual results of the test. We don't force those results upon them of course.

The military reports to us as a result of our reporting requirement. We were able to follow up each of these rejected military applicants, to provide more skilled and sensitive counseling in the community than the military processing stations themselves are able to provide.

But most productive, I believe, is our partner notification program, also known as contact tracing. Many of you have worked with us in public

health, relative to syphilis in particular in terms of third party notification. Let me give you some quick data. To this point, numbers are still small because we haven't had the money to really gear up. But 282 individuals who were positive have been

"...of those 296 who have come to testing for the first time, 45 of them (or 15%) are positive. "

interviewed about partners in unsafe sex or unsafe IV drug use patterns. They have given us 508 names of partners, of whom we have located 414. All of those 414 have received the all-important counseling, but of those 296 who have come to testing for the first time, 45 of them (or 15%) are positive.

We believe that that is a useful contribution in control of this epidemic, but by no means is all that needs to be done. However, it is personalized education, for those individuals.

Let me close by elaborating briefly on that partner identification issue. I believe, and we in the Department of Health believe, that it is a moral imperative. We believe that the failure to provide information to an unsuspecting person outweighs any rigid conferring to protections of confidentiality.

I will tell you it is relatively easy to say that, because we rarely face such a stark choice. Because of all we have learned, because of the kind of training that is given, the skills that are developed by our field investigators, it is very rare that there is an inappropriate breach of confidentiality. It is a highly confidential process as those of you know that have utilized that process over the years with syphilis and more recently with HIV infection.

It is a process which is inherently confidential, but is also inherently voluntary. I believe that states that would tend to mandate partner notification are making a mistake. And Congressman Dannemeyer who would put that in federal legislation is

also making a mistake.

So we have done much in Colorado so far. But the news is not good. There are no good drugs in sight. There are no treatment drugs, and the vaccine looks to be even further away. I say let's just continue working on this epidemic. We have some tough times ahead of us, but above all let's keep continually in mind the importance for all of us; and in our influence upon our communities that we remain sane and rational and educated about this epidemic; that we continually try to keep a balance in what we are doing between protecting the public health on the one hand, and protecting the rights and the confidentiality of the individual on the other.

I appreciate you working with us. I encourage you in the partner notification area to consider us as you have, historically, to be your allies.

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REPORT: CMS TASK FORCE ON AIDS

by J. L. Kurowski, M.D., Chairman
Ellen Stein, Director
Division of Health Care Policy

At their Annual Meeting, the House of Delegates passed a Resolution creating an AIDS Task Force to assist physicians in the resolution of the ethical dilemmas created by the fear of an AIDS epidemic. At our first meeting, the Committee focused extensively on two issues. The first was the responsibility of physicians to treat and the second was peer support to treating physicians.

As reported in Colorado Medicine, November 15, 1987, the AMA Report on AIDS quoted that the principles of 1847 indicate "When an epidemic prevails, the physician must continue his labors without regard to risk to his own health". Certainly a physician who proceeds with that literally is in severe need of a mental status examination. However, a physician who proceeds with knowledge and confidence can certainly sort through the issues reasonably and live up to that ethical standard. It is then with a sense that the AIDS Task Force may offer support to physicians through the physician community that we can live up to the standards of the principle stated in 1847.

AIDS is a deadly disease. Translated into medical terminology, its case fatality rate as of December 1987 on a national basis was reported to be 56%. In essence *one out of two people meeting the diagnostic criteria of AIDS have not survived*. It is a disease which demands respect. One might even say it has resurrected germ theory. The scientific principles of prevention espoused by Semmelweis to avoid infection and promote prevention are being rediscovered. Ironically it appears to be very difficult to keep that complex message of epidemiologic risk in perspective, even for physicians. Robert Gould, M.D. advised in an article in Cosmopolitan Magazine entitled, "Why Most Women are Safe from AIDS" that "if

young women enjoy ordinary sexual intercourse penile penetration of a well lubricated vagina that is not rough and does not cause laceration may run almost no risk of contracting AIDS syndrome". While the goal was reassurance and alleviation of anxiety, and indeed, the risk for most women is probably low, this is only because of the low prevalence of HIV positive persons. If your partner is HIV positive the evidence of sexual transmission is to the contrary. The complexity of the issues and the specialization of medicine leads to the need for peer support in the community

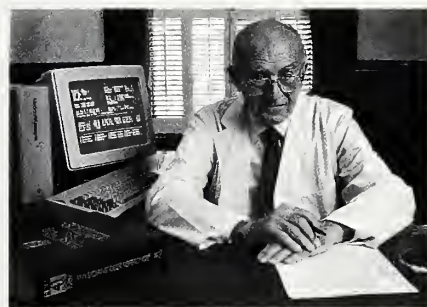
of medicine. This was the later concern in the first meeting of the Task Force. If we are to provide support however, we need to know your concerns with some degree of specificity. The physician community has had the history of providing rational scientific leadership and that is one we wish to continue. Please let us know what is going on with you in your practice and your concerns regarding these issues and we will try to address them systematically through the Task Force and report to you through the CMS News. Address any concerns to me in care of the CMS.

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COLORADO MEDICAL SOCIETY TASK FORCE ON AIDS

Minutes of the meeting of February 23, 1988

MEMBERS PRESENT:

J. L. Kurowski, M.D., Chairman; Robert M. Janowski, M.D.; Judith U. Reynolds, M.D.

RESOURCE PRESENT:

David Cohn, M.D., Denver Disease Control; Linda Barley, Hospice of St. John; Richard E. Hoffman, M.D., M.P.H., DOH; Tonie Cogan, R.N., InnerPiece; Joseph Marr, M.D., Infectious Disease, UCMC; Pierre Brunschwig, Medical Student; Tom Sangster, Colorado Hospital Association.

STAFF PRESENT: Ellen J. Stein, CMS, Carolyn Hastings, CMS

I. Background and Mission of Task Force — Dr. Kurowski reviewed the charge given by the House of Delegates to the Task Force. Request was made to contribute articles for publication in Colorado Medicine.

II. Responsibility to Treat — Mr. Sangster reported the CHA has received no complaint on physicians on this issue but there have been problems with access to dentistry. There may be a medical access issue in rural communities where CMS might be helpful.

If nursing homes are mandated to accept HIV patients, education of staff will need to occur. It has been rumored that some physicians may be avoiding AIDS patients because of fear of loss of other patients. An article in Colorado Medicine requesting a dialogue was discussed.

III. Patient Care Management — Mr. Sangster has a concern for educational programs for hospital workers. A major concern is among nurses who do hands on care. This has been addressed in some hospitals as follows:

- 4-week inservice involving attendance 1 day per week
- use of video tape in processing new employees.

Under the letter of the law, are the physician and the hospital liable if notification has already been made to the State Department of Health. The simple response to this seems to be rather notify twice, than not at all.

Right to know/Confidential issues: Besides the patient, the medical care providers have the right to know whom they are treating and to have proper access to charts. The hospital association is encouraging printing on the consent to treatment form that this does include testing for HIV.

IV. Peer Support to Treating Physicians —

- Physicians treating AIDS patients may fear loss in practice volume.

Peer education of death and dying could be a project of CMS. It is not clear what can be done to address the issue of peer support to physicians treating AIDS patients. Stress on physicians is currently enormous for many reasons.

V. Other Business

- The Governors Task Force is focusing on insurability and the short supply of AZT for Medically Indigent purposes. Draft copy of this report will be sent to Dr. Kurowski.
- Staff will contact task force members prior to the next meeting to see what specific items they would like addressed.
- Dr. Lawrence, Chairman of the Governors Task Force, will be invited to the next meeting. Agenda Items II, III, and IV are not covered by the Governors Task Force.
- Next Meeting: Wednesday, April 13 at 6:30 P.M.

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Highlights of the Interim Session, House of Delegates Colorado Medical Society, March 5 - 6, 1988

The 1988 Interim Meeting of the Colorado Medical Society House of Delegates was held Saturday, March 5, and Sunday, March 6, at the Hyatt Regency DTC Hotel.

Dr. Tom Vernon was the keynote speaker at the first session of the House. He addressed the status of the AIDS epidemic in Colorado. The statistics presented show that of the 598 AIDS cases reported in Colorado, 356 of those victims are now dead. Not surprisingly, the majority of cases reported has been in Denver. The Colorado HIV testing program, which has been judged as a model in the country, has had no breach of confidentiality, has shown no discrimination by the Department of Health, and has indicated that the program is successful. For those who test positive (and their contacts identified through the partner tracing program), a very successful counseling program has been established.

Dr. Eugene Jacobsen, the new Dean of the University of Colorado School of Medicine, was introduced and briefly addressed the House. He noted that he accepted the position for two reasons: 1) because of the kind of institution the Medical School is and 2) the kind of institution it is going to be. He mentioned three of the projects the School is currently involved in and very excited about: 1) the new Cancer Center; 2) the project underway to amalgamate the services of Denver Children's Hospital and the Pediatrics Department of the School of Medicine; and 3) the efforts to develop a disease prevention program.

Other reports presented to the delegates included:

1. A presentation by Dr. Malcolm Tarkanian about the Mini-Internship Program of the CMS.

2. An overview of CMS Auxiliary activities by Mrs. Roberta Sadler, CMSA President. She noted that Mrs. Mary Hanson (wife of CMS Board member Dr. Jerry Hanson) of Colorado

Springs, has been nominated for the position of Western Regional Vice President of the AMA Auxiliary.

3. An appeal by Dr. Robert B. Sawyer who stressed the benefits of COMPAC membership in this very important election year and urged the delegates to both join and support COMPAC and to individually support the candidates of their choice.

4. A presentation by Dr. K. Mason Howard, Chairman of the COPIC Board, on the status of COPIC.

5. An update from Dr. Donald Parsons, President of the Colorado Foundation for Medical Care, and Dr. Kenneth Platt, CFMC Medical Director, on the status of the Foundation and PRO activi-

ties both in Colorado and at the national level.

6. A request for continued support of HB 143 by Dr. Richert Quinn, Chairman of the Professional Liability Task Force. He reported that \$50,000 has been donated to support the passage of this important piece of legislation.

On behalf of the House of Delegates, Dr. Sadler presented a Certificate of Appreciation to Dr. Kenneth Platt, Medical Director of the Colorado Foundation for Medical Care, for his service to the physicians of Colorado.

A Memorial Resolution was also presented to the family of Joseph A. Campbell, CMS Director of Finance, who passed away February 11, 1988.



RISK RETENTION/PURCHASING GROUPS

The Federal Risk Retention Act of 1986, enacted apparently to encourage new entries into the liability insurance market, has produced a plethora of Risk Retention/Purchasing Groups - some of which are offering coverage to Colorado physicians. While each of these Groups has its own characteristics - price, coverage, occurrence vs claims-made, limit of liability, etc. - some questions are readily apparent which should be asked in evaluating the product offered:

1. Assessability. Some groups are offering policies which allow the Company to assess policyholders in the future, should funds be insufficient to pay claims. On this basis, the true price of coverage is an open question; you must pay the future assessment, or *no* coverage exists.

2. Guaranty Fund. Colorado licensed insurers are covered by the Guaranty Fund, which protects policyholders and the general public in the event an insurer becomes insolvent. Risk Retention Groups licensed elsewhere are not afforded this protection.

3. Claim Management. Until you are sued, your coverage is "*sleep insurance*". When a claim is filed, you will want competent, *local* claim personnel managing the progress of that problem; you may find some deficiencies if the adjuster working your claim is doing so from Tallahassee, or Lexington (or even Guam!).

One last item to remember - if Risk Retention or Purchasing Groups offer premiums which are wholly inadequate to cover future losses, you and your assets may well be placed in jeopardy.

**PROCEEDINGS OF THE
INTERIM SESSION**
of the
COLORADO MEDICAL SOCIETY HOUSE OF DELEGATES
March 4-6, 1988
Hyatt Regency-Denver Tech Center, Denver, Colorado

REFERENCE COMMITTEE ON BOARD OF DIRECTORS/EXECUTIVE OFFICE

Adopted a resolution that resolves that the Young Physician, Medical Student, Resident Physician, and Women in Medicine Sections work together on recruitment and selected issues of common interest and concern.

Referred a resolution to the Board of Directors that resolves that the financial and staff support of the Council on Legislation be doubled over its present level.

Referred a resolution to the Board of Directors that resolves that an Employed Physician Section be established.

Referred a resolution to the Council on Legislation that resolves that the House of Delegates direct its legislative effort to have the liability insurance coverage requirement revised so as to apply to any medical services for which a physician is compensated rather than to licensure.

Approved for filing:

Progress Report - Board of Directors, Attachments 1-5
Progress Report - Judicial Council
Progress Report - AMA Delegates
Progress Report - Executive Director
Progress Report - Grievance Committee

REFERENCE COMMITTEE ON LEGISLATION

Adopted a resolution that resolves that the Colorado Medical Society supports legislation creating a risk pool for the medically uninsurable.

Adopted a resolution that resolves that the issue of the medically uninsured be referred to the Board of Directors and that the Board of Directors draft a policy to be considered at the 1988 Annual Meeting.

Adopted a resolution that resolves that CMS reaffirm its opposition to the passage of House Bill 1155 (Authority of Optometrists to use Certain Therapeutic and Pharmaceutical Measures), and encourage its members to oppose the passage of House Bill 1155 through all appropriate means.

Approved for filing:

Progress Report - Council on Legislation
Progress Report - COMPAC
Progress Report - Professional Liability Task Force

REFERENCE COMMITTEE ON PROFESSIONAL RELATIONS AND MEDICAL SERVICE/PROFESSIONAL EDUCATION

Referred a resolution to a committee designated by the President that resolves that CMS develop comprehensive expert witness criteria for use by attorneys in Colorado.

Adopted a resolution that resolves that CMS, in coordination with its component societies, initiate and maintain a formal Speakers' Bureau and further resolves that speakers provided through this Bureau shall inform their audiences that views expressed in their presentations do not necessarily reflect official policies of the Colorado Medical Society.

Adopted a resolution that resolves that CMS work to eliminate from the Interprofessional Code the reference to the Colorado Department of Health and Hospital Regulations which states that charges for copying medical records should not exceed \$5.00 for the first 10 pages and .25 per page thereafter, leaving only the statements that mention "...a reasonable charge may be requested..." and further resolves that CMS work to eliminate from the Colorado Department of Health and Hospital Regulations the regulation that states that charges should not exceed \$5.00 for the first 10 pages and .25 per page thereafter and further resolves that CMS notify its membership that nothing in the Interprofessional Code specifically limits prices physicians may charge when providing copies of medical records and states that physicians are free to charge a reasonable fee for providing copies of medical records.

Approved for filing:

Progress Report - Council on Professional Relations and Medical Service

Progress Report - Council on Professional Education

Progress Report - CMS Education and Research Foundation

Progress Report - Hospital Medical Staff Section

Progress Report - Mini-Internship Program

REFERENCE COMMITTEE ON SOCIO-ECONOMICS/COMMUNITY HEALTH ISSUES

Adopted a resolution that resolves that CMS endorse the concept that health care facilities become smoke-free and further resolves that CMS support legislation to seek a smoke-free environment in all health care facilities.

Adopted a resolution that resolves that CMS believes that the collection and dissemination of data pertaining to health care can be helpful in assessing the efficacy of current health care delivery and planning for future needs; and further resolves that CMS should be prepared to participate in discussions with the medical and public communities regarding the meaning of the data which is reported from the Data Commission; and further resolves that CMS believes that guidelines established by CMS should be considered and respected by the Colorado Health Data Commission, including confidentiality of data with respect to individual providers, active input from the Medical Society in the deliberations of the Council, data should not be used for personal gain by members of the Commission, insure the accuracy and validity of any severity of illness system, and judgmental decisions should not be within the purview of the Commission; and resolves that CMS is willing to assist the Commission in the development of methodology, decision making regarding data collection, and

(Continued on following page)

Proceedings of the House of Delegates *(Continued from preceding page)*

distribution of data and efforts to insure the meaningfulness of the data as reported by the Health Data Commission.

Adopted a resolution that resolves that CMS commend the Rocky Mountain News for printing an editorial regarding prenatal care and for recognizing the timeliness and importance of this perspective on the issue of prenatal care.

Approved for filing:

Progress Report - Council on Socio-Economics

Progress Report - Task Force on the Colorado Health Data Commission

Progress Report - Steering Committee on Alternative Delivery Systems

Progress Report - Council on Community Health Issues

REFERENCE COMMITTEE ON PHYSICIAN/PATIENT ADVOCACY

Adopted a resolution that resolves that CMS strongly oppose Medicaid's medical necessity requirement regarding surgical procedures on the basis that it is potentially detrimental to patients' health, the regulation implies that a large number of procedures are performed when not medically necessary, and it arbitrarily excludes such procedures as sterilization and circumcision. It further resolves that the President of CMS demand that the Colorado Department of Social Services (CDSS) immediately rescind this requirement and that the Council on Physician/Patient Advocacy actively address any future regulations of the CDSS which restrict access to health care.

Adopted a resolution that resolves that the Council on Physician/Patient Advocacy provide specific suggestions in Colorado Medicine for actions that should be taken by patients, individual physicians, the Colorado Medical Society and the AMA Delegation regarding Medicare issues and further resolves that the Council report back to the House of Delegates at the Annual Meeting with the specific action items that were developed.

Adopted a resolution that resolves that CMS endorse increased involvement by the Young Physician Section in Peer Review and Quality Assurance processes.

Approved for filing:

Progress Report - Council on Physician/Patient Advocacy

REFERENCE COMMITTEE ON CONSTITUTION/BYLAWS/CREDENTIALS

Adopted a resolution that resolves that CMS sections be supported by CMS and that their budgets be approved by the Board of Directors and provides for a Bylaws change addressing this.

Approved for filing:

Progress Report - Organizational Study Committee

DELEGATE ATTENDANCE - 1988 INTERIM MEETING

DISTRICT I - 6 DELEGATES

EASTERN COLORADO - 1 DELEGATE

(D) Keefe, Jerome L. (1-2)

MORGAN - 1 DELEGATE

(D) Thompson, Patrick (1-2)

NORTHEAST COLORADO - 2 DELEGATES

(D) Ezell, William W. (1-2)

(D) Stahl, Larry (1-2)

WASHINGTON - YUMA - 1 DELEGATE

(D) Berry, Jack (1-2)

DISTRICT II - 6 DELEGATES

INTERMOUNTAIN - 1 DELEGATE

None Present

LAKE - 1 DELEGATE

None Present

MOUNT EVANS - 1 DELEGATE

None Present

MOUNT SOPRIS - 2 DELEGATES

(D) Kirk, Rodney (2)

NORTHWESTERN COLORADO - 1 DELEGATE

France, David (1-2)

DISTRICT III - 10 DELEGATES

CHAFFEE - 1 DELEGATE

None Present

FREMONT - 2 DELEGATES

(D) Mohr, Gary A. (1-2)

HUERFANO - 1 DELEGATE

None Present

LAS ANIMAS - 1 DELEGATE

(A) Jiminez, Guilebaldo (1-2)

OTERO - 2 DELEGATES

None Present

SAN LUIS VALLEY - 2 DELEGATES

(D) Culp, Raymond (1-2)

SOUTHEASTERN COLORADO - 1 DELEGATE

None Present

DISTRICT IV - 7 DELEGATES

CURECANTI - 2 DELEGATES

(A) Shannon, Richard D. (1-2)

DELTA - 1 DELEGATE

None Present

LA PLATA - 3 DELEGATES

(D) Davidson, Marie (1-2)

(D) Deaver, David C. (1-2)

(D) Gerstenberger, Patrick (1-2)

MONTEZUMA - 1 DELEGATE

(D) Robichaux, Val T. (1-2)

DISTRICT V - 16 DELEGATES

ARAPAHOE - 16 DELEGATES

(D) Bartlett, Max D. (2)

(D) Freed, John N. (1-2)

(D) Heiss, Robert (1-2)

(D) Levine, Mark (1-2)

(A) Stecher, Karl Jr. (2)

(D) Roberts, John (1-2)

(A) Moffatt, Thomas (1-2)

(D) Truitt, Leigh (102)

(D) Brookens, Bruce (2)

(D) Lovejoy, Brent (2)

(D) Paton, Bruce C. (1-2)

(D) Steines, William J. (1-2)

(D) VanderArk, Gary D. (1-2)

(D) Wood, John M. (1-2)

DISTRICT VI - 10 DELEGATES

AURORA-ADAMS - 10 DELEGATES

(A) Heaton, Angeline (1-2)

(D) Tyburczy, Joseph A. (1-2)

(D) O'Dell, Robert A. (1-2)

(A) Visconti, Paul B. (1-2)

(D) Fieman, Richard A. (1-2)

(D) Gibbons, Ralph W. (1-2)

DISTRICT VII - 11 DELEGATES

BOULDER - 11 DELEGATES

(D) Benson, Alan (1-2)

(A) Ceriani, Philip (1-2)

(D) Farrington, John (1-2)

(D) Glode, John E. (1-2)

(D) Rubright, Mark W. (1-2)

(D) Wilson, Don E. (1-2)

(D) Bolles, Gene E. (2)

(D) Curtis, William S. (1-2)

(D) Kelley, Severance B. (1-2)

DISTRICT VIII - 17 DELEGATES**CLEAR CREEK VALLEY - 17 DELEGATES**

(D) Campbell, Bernard E.	(1-2)
(D) Daneshbod-Skibba, Ghodsi	(1)
(A) Meyer, Maryethel	(2)
(A) Vacanti, John J.	(1-2)
(D) Golbert, Thomas M.	(1-2)
(D) Hartzler, Janet	(1-2)
(D) Karlin, Joel	(1-2)
(D) Mann, James	(1)
(A) Ziporin, Philip	(2)
(D) Sadler, Dean	(1-2)
(A) Brundige, Richard L.	(1)
(A) Gregory, James J.	(2)
(D) Cedars, Chester M.	(1-2)
(D) Conner, Wayne L.	(1)
(A) Tarkanian, Malcolm A.	(2)
(D) Faraci, Robert P.	(1-2)
(D) Henbest, Philip M.	(1-2)
(D) Laubach, Sherri J.	(1-2)
* (A) Rosenberg, Alan L.	(1-2)
(D) Potts, William	(2)

DISTRICT IX - 39 DELEGATES**DENVER - 39 DELEGATES**

(D) Anneberg, A. Lee	(1-2)
(D) Becky, Joseph R.	(2)
(D) Campbell, William A., III	(1-2)
(D) Carson, Stanley D.	(2)
(A) Carson, Bonita S.	(1-2)
(D) Chisholm, R. Neil	(1-2)
(D) Cook, William R.	(1-2)
(A) Lightburn, John L.	(1-2)
(A) Doster, Mildred	(1-2)
(A) Smyth, Charley J.	(1)
* (A) Griest, Deborah J.	(1-2)
(D) Kovarik, Joseph L.	(1-2)
(D) Leidholt, John D.	(1-2)
(A) Gelfand, Daniel E.	(2)
* (A) Sullivan, Terrance J.	(1-2)
(D) Muftic, Michael	(2)
(D) Parsons, Donald W.	(1-2)
(D) Peck, Mordant E.	(1-2)
(D) Ratzer, Erick R.	(2)
* (A) White, Madeline J.	(1-2)
(D) Sbarbaro, John A.	(1-2)
(D) Sides, Leroy J.	(1-2)
(D) Stanfield, Clyde	(1-2)
(A) Shander, David	(1)
(D) Toll, Giles D.	(2)
(A) Walker, Louise D. C.	(1-2)
(D) Woodward, W. Donald	(1-2)
(D) Abrams, Fredrick R.	(1-2)
(D) Butterfield, L. Joseph	(1-2)
(D) Butterfield, Donald G.	(1-2)
(A) Harvey, Richard L.	(2)
(D) Engel, Stephen	(1-2)
(D) Fenoglio, Michael B.	(1-2)
(A) Hutchison, David E.	(2)
(A) Kelble, David L.	(1-2)
(D) Livingston, Wallace H.	(1-2)

DENVER - 39 DELEGATES (Continued)

(D) McCurdy, Robert E.	(1-2)
(D) Nelson, J. Phillip	(1-2)
(D) Rainer, W. Gerald	(1-2)
(D) Sawyer, Robert B.	(1-2)
(D) Schemmel, Janet E.	(1-2)

DISTRICT X - 16 DELEGATES**EL PASO - 16 DELEGATES**

(D) Cooper, Jack	(1-2)
(D) Drabing, John H.	(1-2)
(D) Lewis, Ted T.	(1-2)
(D) Martz, David C.	(1-2)
(D) Miller, Floyd J.	(1-2)
(A) Moore, Larry A.	(1-2)
(D) Spaulding, Duane R.	(1-2)
(D) Cunningham, Leon D.	(1-2)
(A) Pollard, Joseph	(2)
(D) Muth, John B.	(1-2)
(D) Crawford, Lewis A.	(1-2)

DISTRICT XI - 9 DELEGATES**LARIMER - 9 DELEGATES**

(D) Allen, Thomas J.	(1-2)
(D) Conlon, Robert M.	(1-2)
(D) Elo, Denis R.	(1-2)
(D) Hohm, Richard A.	(1-2)
(D) Kraus, G. Thomas	(1-2)
(D) Chase, Jerry A.	(1-2)
(D) Merkel, Lawrence A.	(1-2)
(D) Woods, Susan E.	(1-2)

DISTRICT XII - 5 DELEGATES**MESA - 5 DELEGATES**

(D) Hanna, Robert	(1-2)
(D) Irvin, Lewis A.	(1-2)
(D) Jones, Paul B.	(1-2)
(D) Maclean, James E.	(1-2)

DISTRICT XIII - 9 DELEGATES**PUEBLO - 9 DELEGATES**

(A) Smith, Thomas R.	(2)
(D) Snyder, Charles E.	(1-2)
(D) Turman, William G.	(1-2)
(A) Miller, Roger W.	(1-2)
(D) Bedard, Charles H.	(1-2)
(D) Birner, W. Fredric	(1-2)
(D) Dingle, Robert W.	(1-2)
(A) McCaffrey, Paul P.	(1-2)
(D) Osborn, Mark M.	(1-2)

Mile High News

1987-1988 Vol. 1, Issue 3

Colorado Medical Society Auxiliary

March, 1988

PRESIDENT'S MESSAGE



*Roberta Sadler, President
CMSA*

Now Look What You've Done!

Here's a mid-year update of CMSA activities and a few glimpses of future plans:

Membership - Chairman, Catherine Yoder reports 1,072 members to date. That is a slight increase over last year.

Health Projects - A letter has gone out to all high schools in the state, inviting them to participate in a public service announcement (PSA) contest promoting seat belt usage in their schools and communities. Auxilians will be asked to serve as the local contact for this project. Susan Larkin, Chairman, reports that this project, along with AIDS Education In The Counties, will continue as our major project at the state level.

AMA-ERF - Our contribution to AMA-ERF this year has been \$14,764.87, according to Pat Will, Chairman. This money was raised through Holiday Sharing cards in the counties, and the Country Store held at the Annual Meeting last fall.

Legislation - Our most successful Legislative Day ever was held February 8 (details of this event are in the Legislative Report from Ginger Underwood, Chairman, in this issue). We must continue to support Senate Bill 143 - it has passed the Senate and is now in committee in the House of Representatives. Please write or call your Representative **today** and ask them to support this bill. It is imperative that we continue our active support of this bill. Its passage is vital to medicine and we can help make it happen.

Confluence - We have had 9 of our 17 county Presidents-elect attend the AMAA Leadership Confluences in Chicago. We are pleased to have had such an increase in attendance and believe that this will directly influence enthusiasm in our counties. For me, personally, it has been one of the highlights of the year to get to know so many of the county leaders. It's great to have a statewide network of friends. We want to thank the CMS for the additional financial support they have given to make this possible.

Nominating Committee - This report is included in this issue. Our congratulations to all the nominees and a big "thank you" to Nominating Committee Chairman Jerri Zbyski and her committee

for giving us this outstanding slate.

Long-Range Planning - Chairman Eleanor Kosmicki reports that this committee is studying several important issues:

- Whether or not to make our House of Delegates permanent.
- Whether or not the revised Board structure is effective.
- A way to offer some mileage reimbursement for Board and Committee members from out-in-state.
- The best time of the year for installation of officers.
- A task force with CMS to better define the role of the auxiliary.

Mile High News - We are receiving mostly positive remarks from our membrs and CMS members about our present Mile High News format. However, there are still wrinkles to be ironed out. Now that our Directory is ready to go to the printer, and be distributed to our members, our mailing list can be properly updated. Please let us hear your comments. Many thanks to the CMS staff for help and expertise, and to our Mile High News editor, Jayne Howard.

Glimpses Into The Future

Spring Forward - A two-day meeting is being planned for mid-April. An agenda and registration form are included in this issue. We are hoping for a large, enthusiastic turnout. County community service reports are due at the Genral Meeting and the Esther Long Award will be presented to the winning county. I hope to see each one of you there.

Annual Meeting - We are serving on the Program Committee with CMS members to plan the Annual Meeting, September 15-17, 1988 at the Marriott City Center in Denver. Make plans **now** for you and your spouse to attend. An outstanding program is being planned to interest CMS members and auxilians.

AMAA Annual Convention - Sharon Cunningham, CMSA President-elect, Catherine Yoder, nominated President-elect and I will attend this meeting as your delegates on June 26-29, 1988 in Chicago.

A Happy Ending - I saved this good news for last! A letter last week from AMAA President Betty Szewczyk announced that Mary Hanson (El Paso County) has been nominated for Western Regional Vice President at the AMAA. We are very proud of Mary - she represents us in the most exemplary fashion. Our love and congratulations to her, her husband, Dr. Jerry Hanson, and their family.

See you April 13 at 12 Noon!

**YOU AND YOUR AUXILIARY ARE INVITED
TO
SPRING FORWARD - A CMSA EVENT**

WHAT: CMSA Spring Meeting
WHEN: April 13-14, 1988
WHERE: Embassy Suites Hotel
7525 E. Hampden Ave.
Denver, CO

COST: Double occupancy room - \$40.00 includes cocktails
and breakfast on April 14th
April 13th Luncheon - \$10.00
April 14th Breakfast - \$ 5.50 (for non-overnight)
April 14th Luncheon - \$12.00

APRIL 13 - The Business Connection

11:00 am - Registration and check-in
12:00 N - Luncheon
1:00 pm - CMSA Board Meeting
2:30 pm - CMSA General Meeting
3:30 pm - Fun Connection - Shopping! Movies!
Excellent Restaurants!
12:00 Midnight - Lights out and room check (ha!)

APRIL 14 - The Leadership Connection

8:00 am - Breakfast
9:00 am - Structure Connection -
County-CMSA-AMAA
9:30 am - Annual Meeting Connection -
House of Delegates Information and
Writing a Resolution
10:00 am - Workshop - Training Connection
12:00 N - Luncheon
1:00 pm - So Long Connection - Wrap-up Session

Please check (above) the events you plan to attend and complete the registration form below.

We hope that everyone will attend the entire two-day meeting. It will be more fun if you are there! This program is planned for all auxiliaries. We are looking forward to seeing you.

SPRING FORWARD REGISTRATION

NAME _____
COUNTY _____ PHONE _____
ADDRESS _____ ZIP _____
CHOICE OF ROOMMATE _____
TOTAL ENCLOSED \$ _____

Please make check payable to "CMSA" and mail to:
Roberta Sadler, 1777 Larimer St., #1510, Denver, CO 80202.
For any questions, call Roberta at 298-1851.
REGISTRATION DEADLINE - APRIL 1ST.
For cancellations or late reservations, call Roberta.

Report of the Nominating Committee

1988-89 OFFICER NOMINATIONS

President-elect -- Catherine Yoder, Weld
Vice President -- Judy Butler, La Plata
Recording Secretary -- Justine Artist, Weld
Treasurer-elect -- Pam Laman, Pueblo

1988-89 NOMINATING COMMITTEE

Judy Cadigan, El Paso
Nancy DeLauro, Denver
Dodie Haas, Aurora-Adams
Karen Smith, Pueblo
Makine Milligan, Arapahoe
Jerry Zbyski, Denver

1987-88 Nominating Committee members were:

Jerry Zbyski, Denver
Sharon Fowler, Pueblo
Becky Baldwin, Weld
Patty Christiansen, Fremont
Paula Rokicki, Aurora-Adams
Ellen Lepisto, Mesa
Susan Larkin, Arapahoe

From The President-elect

I was so impressed with our Legislative Day. The attendance and the general feeling of the members indicated to me that the level of interest has increased in legislative issues, especially those that affect medicine. Legislation seems to have been a rather threatening, uninteresting area of auxiliary business. This can no longer be the case, and I feel that auxiliaries in Colorado are beginning to realize this. We are learning that our legislators are lay people and want our input on issues that concern medicine. If we don't take the time to provide them the information we want them to know, there are other groups that are willing to influence them in directions that threaten the practice of medicine. Legislators will vote on the side of the issue for which they have been most informed.

The climate of medicine in the state of Colorado is so stormy and on the verge of being controlled by those who know little about good medicine and medical care. In many cases the real interest these groups have is not necessarily in the best interest of the patient, but more toward monetary gain. Our physician spouses feel frustrated because the profession they trained for and loved is threatened at every angle. This frustration comes home and affects the family. We all know the quality of life in a physician's family is in delicate balance because of the intensity of the profession under normal conditions. These added stresses make matters worse.

It is time all auxiliaries sharpen their legislative skills and get involved in the political process. This is where the trends can be reversed. Auxiliaries must make it their business to be informed on the issues before the legislature so that they can speak intelligently on these matters. This information is readily available through your county Legislative Chairman,

From the President-elect (Continued)

CMSA Legislation Chairman, your medical society or CMS, just to name a few. Probably your best source is to ask your physician spouse.

Not only do you need to educate your legislators, but you need to discuss the problems of medicine with your families, friends and neighbors. These people should have an understanding of the issues because they are the public receiving the medical care. Let me tell you an interesting observation from a non-medical person that may have had an impact. When the Health Care Availability Bill was about to be heard in the Senate, a neighbor of mine whom I had informed about the bill was very anxious to call her legislators to encourage them to support it. Two of her Senators called her back and asked why. Her response was good: she felt the stress on her doctors because the constant threat of malpractice could possibly effect the quality of care for herself and her family. Good, unobstructed medical care is important to her, as it should be to all of us.

Auxilians as well as the public can no longer stand by with the attitude that it won't happen to us and allow the demise of good medical practice. At least we have to give it a good legislative fight and get involved with the process before it is too late!

Now that you have read my lecture for the month, I have a confession to make. I was one of those members who had the bad attitude toward anything concerning legislation, and I hid from this responsibility. Now, I see the light - the importance of it all to the practice of medicine, and to the happiness of my physician spouse, which filters through to our family. Legislation will be an area of real emphasis for next year!

*Sharon Cunningham
El Paso County*



Theodore R. Sadler, Jr., MD, President CMS

The legislative theme for this issue of Mile High News is timely and appropriate and emphasizes the importance of the auxiliary function to that of the Colorado Medical Society. Senate bill 143 is a critical bill which we feel must be passed this session in a reasonable manner. Please take the time to 1) call your Representative to request his/her support of the bill in the House; 2) call your Senator to thank him/her for support, if that is appropriate;

3) call or write Senator Ted Strickland to thank him for sponsoring the bill; 4) let Governor Romer know the importance of this action and the exceptions that have been made for such injuries as Mr. Marcus Lang, and; 5) ask them all, if appropriate, how you may be helpful in their upcoming election campaign this year.

Dr. Robert Schrier, Chief, Department of Medicine at the University of Colorado will be coming to the CMS Auxiliary through the Medically Indigent Committee for help in obtaining signatories to get a surcharge on cigarettes for the ballot this fall.

I have been derelict in appointing our Task Force on the Auxiliary, but plan on continuing them soon so we may have their input at the Strategic Planning Retreat in May. We need to be utilizing the talents and energies of the Auxiliary - these are steps in that direction.

Don't forget Precinct Caucus Day - 4 April.

I express my appreciation for your efforts this year - you have played a significant role in the continued rejuvenation of our society. Keep up the good work!

State Auxiliary Legislative Activity

Legislative activity is so important at the grassroots level where an auxiliary member speaks one-on-one with local legislators. This is the focus for the year -- county auxiliary involvement. These state activities are directed at producing county member activity:

CMS Mini-Internship Program - This important program has been developed to educate community leaders about the patient-physician relationship, the efforts of the hospital and physician at cost-containment, such as increased intensity of care and technology. The community leaders spend time with the physician and view first-hand the problems faced in the practice of medicine. There is an orientation session, the internship and a de-briefing session for the mini-internship faculty, which is composed of the intern (community leader) and the physician. The objective of the program is to develop a network of knowledgeable community friends who can have a positive influence, as opinion leaders and decision makers, on physician/medically related issues.

The county auxiliary member can serve as contact between the physicians and the interns. By using written contact structure to include the CMS and county medical executive, the auxilian can identify physicians and intern prospects and help to form mini-internship faculties.

Capitol Committee - Auxiliary members will visit the Capitol twice monthly during the session to keep aware of medically related legislation. CMS Lobbyist Carol Tempest will assist in coordinating the schedule for each meeting. The best way to keep up with legislation is to be where it is happening! Call CMSA Legislation Chairman or your county legislation chairman for the committee dates.

Legislative Day - This event greatly involves the county members. Each county invites the legislators of choice. Often, organizations issue a blanket invitation to the legislators; the auxiliary procedure makes our invitation more special. (See the article on Legislative Day in this issue.)

Participation '88 - This program focuses on voter registration with party affiliation and in attendance at caucuses and conventions. The Auxiliary legislation network will receive all mailings and be asked to participate in all activities.

Phone Bank - Auxiliary members are identified in the congressional districts to serve on the AMA Auxiliary phone bank. These contacts handle legislative alerts for the AMA.

*Ginger Underwood,
CMSA Legislation Chairman*

Colorado Medical Society Auxiliary Legislative Day

Colorado Medical Society Auxiliary Legislative Day held in February had 115 attending -- 80 auxiliary members and 35 legislators. The day began with a Coffee for Auxilians at the Governor's Mansion. First Lady Bea Romer presented a child care program for children, birth to five years, called "First Impressions." County auxiliaries could include the "First Impressions" program in their health projects. Later, at the Capitol, CMS lobbyist Carol Tempest briefed the members

on current medical legislation. Each county auxiliary invited legislators for a luncheon at the University Club. CMS President Dr. Ted Sadler and Executive Director Harold Frye were guests of the state auxiliary. Senator Claire Traylor, an auxiliary member, was the speaker. Following lunch, Carol Tempest continued the briefing and update on legislation

*Ginger Underwood, Chairman
CMSA Legislation Committee*



(l. to r.) CMSA President Roberta Sadler, First Lady Bea Romer, "First Impressions" program coordinator, Grace Hardy, and CMSA Legislation Committee Chairman Ginger Underwood, during a Coffee for Auxilians at the Governor's Mansion.



Coffee for Auxilians at the Governor's Mansion is hosted by First Lady Bea Romer (standing, right) as she explains the child care program, "First Impressions." Auxiliary coordinator for the program, Carol Hardy, stands to Mrs. Romer's left



Ginger Underwood, CMSA Legislation Chairman, with Patti Brown (Arapahoe County) as they coordinate the activities of some 80 Auxilians who attended the CMSA Legislative Day in February.



Ginger Underwood, Legislation Chairman, CMSA (third from left), talks with auxilians before they leave for the capitol to meet their legislators for Auxiliary luncheon.



Another group of auxilians briefed and ready to meet with their county's representatives at a CMSA-sponsored University Club luncheon.

DELEGATE ATTENDANCE (Continued)

DISTRICT XIV - 7 DELEGATES

WELD - 7 DELEGATES

(D) Cash, Robert L. (1-2)
(D) Foulk, Arnold R. (1-2)
(D) Welch, John R. (2)

CMS DIRECT - 7 DELEGATES

None Present

MEDICAL STAFF SECTION - 1 DELEGATE

(D) Warren, Darrell R. (1-2)

COLORADO ACADEMY OF FAMILY PHYSICIANS - 1 DELEGATE

(D) Olds, Kenneth M. (1-2)

COLORADO CHAPTER AMERICAN COLLEGE OF PHYSICIANS - 1 DELEGATE

*(A) Eickhoff, Theodore C. (1-2)

COLORADO SOCIETY OF INTERNAL MEDICINE - 1 DELEGATE

(D) McCartney, Robert D. (1-2)

ROCKY MOUNTAIN GASTROENTROLOGIC SOCIETY - 1 DELEGATE

None Present

COLORADO ORTHOPAEDIC SOCIETY - 1 DELEGATE

(D) Cletcher, John O., Jr. (1-2)

COLORADO SOCIETY OF ANESTHESIOLOGISTS - 1 DELEGATE

*(A) Tharp, James A. (1-2)

COLORADO CHAPTER AMERICAN COLLEGE OF SURGEONS - 1 DELEGATE

(D) Baumgartner, Robert B. (1-2)

COLORADO SOCIETY OF EMERGENCY MEDICINE - 1 DELEGATE

None Present

COLORADO RESIDENT PHYSICIAN SECTION - 1 DELEGATE

(D) Michael, Christopher S. (1-2)

COLORADO GYNECOLOGICAL AND OBSTETRICAL SOCIETY - 1 DELEGATE

(D) Kopelman, J. Joshua (1-2)

COLORADO YOUNG PHYSICIAN SECTION - 1 DELEGATE

(D) Capin, Leslie R. (1-2)

COLORADO MEDICAL STUDENT SECTION - 1 DELEGATE

(D) Iriye, Craig (1-2)

COLORADO OPHTHALMOLOGICAL SOCIETY - 1 DELEGATE

None Present

COLORADO PSYCHIATRIC SOCIETY - 1 DELEGATE

(D) Lauer, James W. (1-2)

WOMEN IN MEDICINE SECTION - 1 DELEGATE

(D) Thulin, Barbara (1-2)

LEGEND:

(D) Elected Accredited Delegates

(A) Elected Accredited Alternates

*(A) Substitute Accredited Alternates

VISIT WASHINGTON, D. C. IN '88

Complete this REGISTRATION FORM

and mail with your deposit TODAY!

NAME _____ PHONE _____

ADDRESS _____ ZIP CODE _____

Names of people in your party _____

Forward application with your deposit of \$200 to:

CMS, "Washington Trip," P.O. Box 17550, Denver, CO 80217-0550

For additional information contact the CMS Government Affairs Division staff at 779-5455 or
WATS 1-800-654-5653.

Who May Provide Services To Injured Workers

The following information regarding services provided to injured workers is excerpted from the Colorado Code of Regulations.

Physicians licensed by the Board of Medical Examiners, the Board of Dental Examiners, the Board of Chiropractic Examiners, and the Colorado Podiatry Board may be designated as authorized treating physicians for injured workers.

Effective March 1, 1988, persons in the following professional categories shall be reimbursed at a rate of 75% of the fee paid to a physician according to the Workers' Compensation Medical Fee Schedule under the following conditions:

1. The insurer is not required to reimburse the non-physician provider for treating a disabling injury or illness unless the worker has been referred for treatment by the worker's authorized treating physician, who will remain the authorized treating physician;

2. The non-physician provider is not an authorized treating physician and, therefore, cannot conduct disability evaluations, render opinions or other similar functions which may only be performed by the authorized treating physician;

3. The non-physician provider is independently practicing; i.e., is not in the employment of a physician.

The recognized non-physician providers shall be:

1. Physician Assistants licensed under CRS 12-36-106 (5) (a) This includes university trained Surgeon Assistants;

2. Registered Professional Nurses licensed under CRS 12-38-101;

3. Licensed Social Worker IIs who are licensed under CRS 12-63.5-101;

4. Optometrists licensed under CRS 12-40-101;

5. Respiratory Therapists certified by the National Board Respiratory Care;

6. Audiologists certified by the American Speech and Hearing Association;

7. Orthopedic Technologists certified by the National Organization of Orthopedic Technologists;

8. Surgical Technologists certified by the Association of Surgical Technologists.

For your information, psychologists licensed under CRS 12-43-101 shall be reimbursed at a rate of 90% of the fee paid to a physician according to the Workers' Compensation Medical Fee Schedule. Psychologists shall be subject to the limitation in which an authorized treating physician must refer the patient to the psychologist (who must practice independently) in order for the psychologist's services to be covered.

Non-physician providers recognized shall identify themselves on the billing form by using one of the following modifier codes which is to be appended

to the procedure code describing the service performed:

Physician Assistants (S.A.'s)	01
Registered Professional Nurses	02
Psychologists	03
Licensed Social Worker IIs	04
Optometrists	05
Respiratory Therapists	06
Audiologists	07
Orthopedic Technologists	08
Surgical Technologists	09

Physical Therapists licensed under CRS 12-41-101 and Occupational Therapists certified by the American Occupational Therapy Certification Board shall be reimbursed only for procedures in the Physical Medicine Section (97000-97799) shall be reimbursed at the rate of 100% of the procedures values.

Speech Pathologists certified by the American Speech and Hearing Association shall be reimbursed only for procedures in the Physical Medicine Section (97000-97799) and shall be reimbursed at the rate of 100% of the procedures' values.

Reimbursement for services shall not be required unless independently practicing provider is a member of one of the aforementioned groups.

If you have any questions, please call the Director of the Division of Labor at 866-2782 or the Colorado Medical Society at 779-5455, extension 327.

ATTENTION PRIMARY CARE PHYSICIANS INCREASE YOUR SKILLS-INCREASE YOUR INCOME

Attend:

Procedural Skills for Primary Care Physicians

Learn:

- * Allergy testing * Audiometry * Cryosurgery * Colposcopy
- * Dermatologic Procedures * Flexible Sigmoidoscopy * Holter Monitoring
- * Joint Injection Techniques * Nasopharyngoscopy * Pulmonary Function Testing
- * Ultrasonography * Vascular Flow Testing * And More

Locations / Dates

Dallas, TX.	Detroit, MI.	San Francisco
April 9-10	May 14-15	June 11-12

FEE: \$375 (early discount \$325) Limited Registration

CONTACT: Current Concept Seminars, 3301 Johnson St., Hollywood, FL 33021 (305)966-1009

TO PARTICIPATE OR NOT TO PARTICIPATE... THAT IS THE QUESTION

The end of March approaches and along with it the opportunity to change your status as a non-participating physician. Participation or nonparticipation remains an individual decision that must be made considering both the impact on our patients and upon our practices. Since 1984, physicians have made this decision based upon a balance of factors. Participation has been favored to retain patients who might otherwise opt for a physician who accepts assignment 100% of the time, to enable direct payment from Medicare and avoiding billing patients, and to fulfill a sense of altruism. Nonparticipation has been selected to maintain practice flexibility, enabling the physician to better serve a broader base of patients; to avoid a loss of practice income, and to avoid increasing governmental controls. The balance of these factors was expressed in 1987 by a 30.6% national participation rate and a 19.5% Colorado participation rate. That this rate is not purely a financial decision is reflected in a 70% rate of assignment taken on all submitted claims. There is at present no specialty specific rates for assignment, but anecdotally participation is felt to be less frequent among primary care physicians than among procedurally oriented physicians.

1987 has brought into the arena the additional factor of a precipitous rise in Medicare costs, which has necessitated a 38.5% rise in the Medicare premium, approximating \$300 for next year. With cost controls in place in the form of the MAAC, the increased expenditure can be only reflected in a sharp rise in the volume of services provided. Since physician services are responsible for two thirds of Part B expenditures, the doctor is again the focus of the attempt to control the spiral.

But, the actual causes of the increase are indeed multifactorial. HCFA itself has attempted to avoid adjustments in the Part B premium for the past two years, and thus the 38.5% is largely

artificial. Still 22% of the increases did occur during the first six months of 1987. Additionally, the rise has been influenced by the rate of assignment of claims and of participation, which have allowed recipients greater access to cheaper care. This is reflected nationally in that the 30.6% of physicians who participate generated 43.7% of the Part B charges by physicians. Dr. William Roper, head of HCFA, states that the increase in utilization is not reflected in a change in outcome, suggesting that some of the additional care may be inappropriate. Yet there is continuing aging of our population, both from newly eligible beneficiaries and from longer survival of older beneficiaries. Finally the impact of DRG's has been to shift care from Part A to Part B.

"The 10 most frequently used MAACs per specialty...will be examined for the period of April 1 to September 30, 1987."

Because of this, HCFA has acted to sweeten the attractiveness of the participation program by the addition of further incentives.

The Maximum Allowable Actual Charge (MAAC), which replaced the fee freeze in January 1987, is now to be strengthened by release of the compliance monitors. The 10 most frequently used MAACs per specialty, plus an additional five randomly selected MAACs, will be examined for the period of April 1 to September 30, 1987. Non-participating physicians whose average weighted charges for these 15 MAACs exceed the MAAC by greater than \$700 will be notified. During the fourth quarter, the erring physicians' MAACs will be monitored as to whether charges are reduced to the MAAC level.

HCFA has softened the enforcement of the MAAC, reflecting the continued feedback from organized medicine about the complexity of the system and the general lack of understanding by the practicing physician.

HCFA has further ruled, under the authority of SOBRA, that nonparticipating physicians must notify their patients in writing prior to performing procedures which cost over \$500 of the exact cost of the procedure, the amount that Medicare will reimburse for the procedure, and the amount of the out-of-pocket expense for which the patient will be responsible. While this rule went into effect on October 1, 1987, enforcement has been delayed until January 1, 1988. ***Failure to comply with this rule can result in mandatory refunds of collected fees in excess of the Medicare Approved Amount.***

On October 1, 1987, under authority of SOBRA, nonparticipating physicians must now refund to patients money collected for services determined to be medically unnecessary by the carrier. Previously, patients were at risk for medically unnecessary services, having to pay their physicians, but having reimbursement from Medicare denied. Now the nonparticipating physician is at risk. Services that are medically unnecessary may arise from either lack of supporting diagnoses for the rendered services, or from too frequent rendering of a given service. The only exceptions arise when the physician has received a signed statement from his patient in advance warning that the service could be determined to be medically unnecessary, or if there was no way in which the physician could have known that his service was medically unnecessary. The physician and patient are notified simultaneously of the ruling of lack of necessity, after which the physician has 30 days to either refund the collected money and write off the uncollected balance, or to file an appeal. If the ruling on appeal is adverse,

(Continued on following page)

the doctor has 15 days to make the refund or face civil monetary penalties or exclusion from the Medicare program. Additionally HCFA has ruled that hospitals must give the name of at least one participating physicians to all outpatient referrals. This will necessitate that on referral panels in emergency rooms, all doctors must be participating, or there must be multiple names in each category of the roster rotation.

The language of all communications to patients strongly advocates the use of participating physicians.

Finally, HCFA has ruled that assigned claims shall have priority in processing for payment.

"The inability of Congress to decide on necessary budget cuts...."

But, additionally uncertainties taint the specter of participation for querulous physicians attempting to make a decision. The inability of Congress to decide on necessary budget cuts under Gramm Rudman Hollings let to a 2.3% reduction in Medicare payments as of November 21, 1987. An 8.5% reduction in the administrative budget for Medicare compounds the problem, because it removes funds that would be used for both the review process and for claims processing. Certainly the implications here are far wider reaching for the participating physician.

Additionally, before the budget is finally reconciled there may be radical changes in the method of physician reimbursement under Medicare. We may see a return to the fee freeze, with fees locked at the 1987 level; the promised 3.2% increase previously legislated may disappear. We may see "bundling" of multiple procedures into a single reimbursement; this can be a problem for those patients who do not fit into the designed packages. We may see imposition of regional caps, where a fixed amount of money is allocated for the care of all beneficiaries in a given region of the country; this, while short of capitation, does place the physician at risk if utilization is high in his locale. We will undoubtedly see increased utilization review, as allowable under the budget

constraints of Gramm Rudman. The possibility of DRG's for certain physician groups remains possible, but unlikely. Ultimately, Dr. Roper would like to see Medicare "privatized" by the capitation of privately held HMOs. This is unlikely to occur soon because of the poor experience of most HMOs with Medicare risk contracts. As an intermediate step, Dr. Roper has suggested a "Preferred Provider Organization" (PPO) concept, recognizing favorable utilization records of some physicians. Use of these doctors may be encouraged by lower copayments or by higher levels of reimbursement. Critics are uncertain whether these efforts will indeed decrease the amount of inappropriate care or will indeed impose rationing of health care on our nation's elderly.

As we near the deadline for the participating contracts to be signed, the announced mailing has just occurred. Furthermore, because of the Congressional uncertainties, the applications will not be accompanied by the 1988 MAAC reports, Area Prevailing reports and Customary reports. Again physicians will be asked to make a binding decision that cannot be reversed until the next sign up period without full knowledge of its implications.

Physicians surveys seem to indicate a desire for predictability in reimbursement and respect for the long term continuity of the doctor-patient relationship.

CIM

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Recommended actions to be taken with

"MEDICALLY UNNECESSARY" DENIALS

1. Respond to all letters from Medicare. Appeal of a denial can be based upon coding errors in the original claim or upon unusual circumstances that are not completely reflected in the ICD-9 codes. No appeal is necessary if you possess a signed waiver from your patient acknowledging that the service was anticipated to be deemed medically unnecessary. Nonetheless, we recommend that you respond to *all* denial letters, informing the carrier of

a) Your appeal, with updated codes that substantiate the need for the procedure;

b) Your appeal, with a narrative explaining the unusual circumstances that necessitated the procedure;

c) Your possession of a signed waiver from your patient;

d) Your intent to send a refund to your patient.

2. Become personally familiar with the use of ICD-9 coding. Whether you personally or your staff code your vouchers, an awareness of the use of ICD-9 can influence the type of informa-

tion you provide your business office. For example, the use of "E" codes can better define use of laboratory studies to monitor medications. The "V70" codes are used for periodic screening procedures and preventative services. These are not covered Medicare benefits. Their use for obvious screening procedures, rather than the signed waiver, will avoid a denial letter.

3. Develop a waiver form to be signed at the time of service which reflects your uncertainty whether the *specific* procedure will be determined to be "medically necessary." The form should note that the patient is aware of your uncertainty, but has determined himself to have the procedure performed and will be financially responsible for its payment. The waiver should appropriately be used only in questionable circumstances; clear examples of periodic screening should be coded using a "V" code.

4. Use a "HCFA-1500" claim form rather than a superbill for Medicare claims. It is mandatory that a specific service be clearly linked to a specific

diagnosis. The technicians at the carrier have no medical background and are unable to do this for you in claims processing. Furthermore, while not yet actively enforced, the Colorado Health Data Commission legislation requires that all claims data be submitted in HCFA 1500 format.

5. Use of Electronic Claims Transmission (ECT) reduces the potential for error in data entry by the carrier. Most systems are "fail-safe" to assist in avoiding errors in your office. The Medicare Bulletin has recently listed approved vendors of the necessary software.

6. Please forward copies of all denial letters and the corresponding *claim voucher* to Sandi Maloney, Colorado Medical Society, P.O. Box 17550, Denver, CO 80217-0550. The Medicare Advisory Committee wishes to monitor the denials to determine what further physician education will be necessary and to determine if the carrier is denying medically appropriate care that has been coded correctly. To act, the above *specific* information is needed.

ARE YOU TOTALLY FAMILIAR WITH THE 40 YEAR OLD "COLORADO CODE OF COOPERATION?"

As a member of the Colorado Medical Society, it is important that you know the details of the *Public Information Guidelines for Colorado Hospitals, Physicians and News Media..*

The "Colorado Code of Cooperation" was created in April, 1948, principally by an action of the CMS House of Delegates. It is a cooperative program that has been widely copied across the United States and is a program that CMS member physicians should be proud of and fully participatory. If you are not aware, contact the CMS Department of Communications today for complete details.

Washington, D. C. (3/04/88)**TOTALLY ALTERED, COMMON SENSE INSTRUCTIONS ON HOW TO PURSUE POSSIBLE VIOLATIONS OF NEW "MEDICALLY UNNECESSARY" PROVISIONS** of OBRA-1986 are now on their way to Medicare carriers HCFA auspiciously announced at mid-week. The latest HCFA action is one of several steps it has undertaken, in response to high-level AMA appeals, to rectify the numerous problems that have occurred unnecessarily because of hasty, roughshod carrier attempts to implement the new authority. The carriers' insensitive and often incorrect approaches have aroused a storm of physician protest from across the nation. The AMA has received more than 1,000 complaints and carriers have been swamped with thousands of others.

In fulfilling its role as physician advocate, AMA interceded with HCFA in seeking prompt corrective action. William L. Roper, M.D., HCFA Administrator, vowed to take remedial action after the AMA documented the various problems that physicians were experiencing. He and James H. Sammons, M.D., AMA's Executive Vice President, have been in regular communication on the issue. In a formal communication last Monday, Dr. Sammons urged HCFA to place a moratorium on further carrier action until a thorough review of the situation could be made and satisfactory solutions found. He also commended HCFA for issuing the March Carrier Memorandum that promises to eliminate some of the confusion between "covered" and "uncovered" services.

Under the new HCFA instructions, scheduled to have an April 1 effective date, carriers will be required to contact physicians and ask for additional information BEFORE denying any claim and triggering a refund notice to the physician and patients. In the interim, physi-

cians who receive refund notices should promptly file an appeal of any medically unnecessary denial and the refund requirement. The appeal should contain thorough documentation of the necessity of the service(s) in question. If there is any doubt regarding which services were denied, or the basis for the denial, a physician should immediately contact the Medical Review Department at the office of the carrier.

A MORE APPROPRIATELY WORDED REFUND NOTICE ALSO IS BEING DEVELOPED, HCFA advised, to overcome criticism by physicians that the present letter is offensive, as well as vague. The new notice, HCFA said, will identify the service(s) in question and state the basis for the denial. It also will advise who to contact at the carrier's office regarding follow-up action. AMA's Washington Office staff are pursuing a number of additional related issues surrounding the "medically unnecessary" provision.

THE FEDERAL GOVERNMENT YESTERDAY SUSPENDED ENFORCEMENT OF NEW TITLE X RULES after a U.S. District Judge in Boston issued an injunction prohibiting their implementation. It was the third adverse court decision against rules which would bar federally-funded family planning clinics from providing any counselling whatsoever to pregnant patients regarding abortion. The HHS said it will analyze the Boston court order before deciding where to appeal. Judge Walter Jay Skinner said the rule violates free speech rights of organizations receiving federal grants. The rule also violates the intent of Congress in establishing the family planning program in 1970, he said. "In my opinion, a governmentally imposed block on the flow of neutral information bearing on abortion is an impermissible burden on the presently recognized rights of a pregnant client" of a family planning clinic, Judge Skinner said. He added that "the right to elect an abortion in the first trimester is constitutionally protected from unduly burdensome government interference," by Supreme Court precedent.

U.S. judges in Denver and New York City previously had ruled that the planned restrictions, which had been scheduled to go into effect yesterday, were unconstitutional, but it had not been determined whether those decisions had national application. The AMA and more than a dozen other national medical associations and health organizations had vigorously opposed implementation of the new regulations because they would deprive patients of the full range of family planning services and information concerning their various healthcare options. AMA filed an affidavit in the New York case advising how the rule would interfere with physician-patient relationships.

LONG-AWAITED HOUSE-SENATE CONFERENCE TO FINALIZE A CATASTROPHIC HEALTH PLAN LIKELY WILL CONVENE by the end of the month. Once a bill emerges, both Houses are expected to act upon it quickly. There are major differences between the House and Senate bills that were approved last year. Of primary concern to the AMA are outpatient drug coverage provisions contained in the Senate bill. Under that proposal a drug formulary conceivably could be established under the guise of utilization review. AMA supports inclusion of drug coverage under any catastrophic plan, but has emphasized that provision of such a benefit must be budget neutral. Its support also is contingent upon several principles being met. These include making the full range of prescription drugs available, allowing physicians to prescribe the drug of choice and excluding the development of a formulary that would limit the availability of drugs. AMA's Washington Office staff have been meeting with HCFA staff on the issue.

CONGRESS WOULD BE EMPOWERED TO ESTABLISH CAMPAIGN SPENDING LIMITS UNDER A CONSTITUTIONAL AMENDMENT being proposed by Sen. Ernest F. Hollings (D-SC). It is possible that Sen. Paul Simon (D-IL), Chairman

(Continued on following page)

of the Subcommittee on Constitution of the Senate Judiciary Committee, may hold hearings on the proposal later this month. That would fulfill a commitment that Sen. Robert Byrd (D-WV), Senate Majority Leader, made to Sen. Hollings in obtaining his support for S.2, a thus far ill-fated and much-revised plan that would provide some degree of taxpayer financing of Senate election campaigns and place severe restrictions on amounts that individual political action committees could contribute to candidates.

The Senate last week for the eighth time in less than a year spurned a floor vote on the issue when it voted 53-41 against invoking cloture, a Senate procedure to conclude debate. Republicans repeatedly have filibustered against the bill, which would give incumbents, most of whom are Democrats, a substantial advantage in elections. Sen. Byrd's measure appeared to be doomed this year after another heated session during which he made the intemperate move of ordering Capital Police to "arrest" Senators not on the floor and bring them to the Senate chambers so that a quorum could be reached for the cloture. The undignified posse-desperado scenario rankled Senators from both parties. Following the vote both Democratic and Republican leaders concluded that the campaign financing issue is dead in this session of Congress. The lone exception was Sen. Byrd.

THE THREAT OF FIREARM VIOLENCE WOULD BE APPRECIABLY ALLEVIATED if the federal government required a waiting period and background checks before individuals legally could purchase handguns, the AMA has advised the Crime Subcommittee of the House Judiciary Committee. Appearing on behalf of the AMA was James S. Todd, M.D., AMA's Senior Deputy Executive Vice President, who was joined by Kenneth L. DeHart, M.D., Chairman of the Government Affairs Committee of the American College of Emergency Physicians. They testified on a proposal to establish a waiting period on handgun purchases and to ban manufacture and sale of plastic or non-metallic firearms not detectable by airport weapons-screening devices.

"While a national waiting period and background check for handgun transfers may not be the entire answer, it is a good

start in trying to limit the firearm-related pain and suffering that physicians see in emergency departments across the country," Dr. Todd said. "A need exists for a concerted effort to make sure that handguns and other firearms are not taken lightly, that they be kept out of the hands of children, and that those who are in any calculable way a threat to the well-being of others, or themselves, not be allowed to possess a weapon, especially a handgun."

Dr. Todd and Dr. DeHart also expressed the profession's concern about weapons manufacturers' ability to produce handguns made of plastic or other non-metallic devices. "It is ironic," Dr. Todd said, "that while some municipalities have banned or are considering banning real-looking toy guns, weapons manufacturers are working to make real guns look like toys."

C/M

Women in medicine

First Meeting of Section

by Elizabeth Kraft, M.D., Member
CMS Women In Medicine Section

The Women in Medicine Section enjoyed a successful first Business Meeting on March 4th in conjunction with the Interim Meeting of the Colorado Medical Society. More than forty women physicians attended. Ghodsi Daneshbod-Skibba, M.D., current Chairwoman, opened the meeting with a discussion of the history of the Task Force of Women in Medicine, the predecessor of the Section. She also described the two workshops concerning issues relevant to women physician that have been organized by the Task Force. In addition to mentioning the past projects of the group, she outlined the future plans of the Section. If there are any issues which you would like to see the section address, please be sure to contact Ellen Stein or Carolyn Hastings at the Medical Society with this information.

In attendance were Theodore R. Sadler, Jr., M.D., President and Robert D. Hartley, M.D., President-Elect of the Colorado Medical Society, who lent their support and confidence to the new Section.

Mrs. Carol Tempest, lobbyist, former State Representative, and Director of the Division of Government Affairs,

gave a spirited overview of the most controversial bills in front of the Colorado Legislature. She asked for volunteers of women physicians to serve in any capacity from testifying to offering time in support of those topical legislative issues which affect all physicians. She may be contacted through CMS at 779-5455 or 1-800-654-5653.

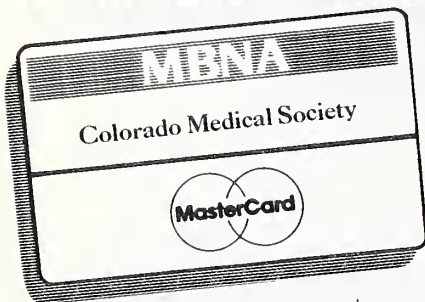
Nominations and elections of interim officers were completed with Dr. Daneshbod-Skibba continuing her Chairwomanship through the Annual Meeting in September 1988. Leslie Moldauer, M.D. was elected Chairwoman-Elect, Barbara Thulin, M.D., Delegate and Donna Vierling, M.D., Alternate-Delegate. The resolutions to be presented to the House of Delegates were reviewed. A cocktail party and reception sponsored by the Women in Medicine Section on Saturday, March 5 was very well attended and enjoyed by all.

Once again, the Section is asking all women physicians to complete and to return the questionnaire mailed in February to update our mailing lists.

Many thanks to Ellen Stein and Carolyn Hastings for the much appreciated excellent work they have done in conjunction with the **WOMEN IN MEDICINE SECTION**.

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April 1, 1988

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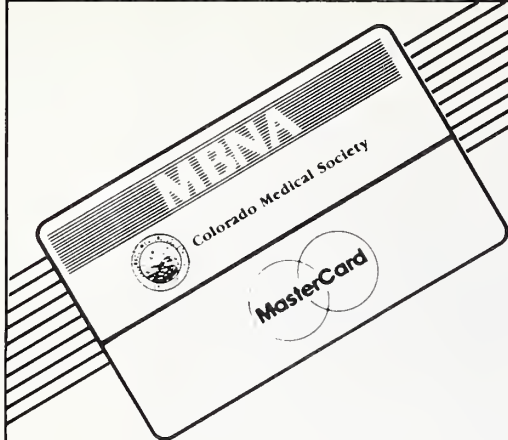
S.B. 143 Clears House and Senate Committee Hearings...

But Now What?

Family Practice Doctors Aiding In Operating Room?

Insurors say this may be all right, but requires
careful scrutiny (see COPIC Comment).

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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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Nominations for AMA Appoint- ments/Recom- mendations

Each year the American Medical Association solicits recommendations from various sources for possible appointment to a variety of committees that respond to and reflect the AMA's continuing responsibilities in medical education. Your assistance is not only appreciated, but necessary as well, to identify the most qualified individuals for appointment. It is expected that nominations will be required to fill certain positions that will become vacant at the end of 1988. The positions are listed herein.

The Board of Trustees is aware that there are many physicians who are members and well qualified for appointments to these committees but whose names and credentials have not been brought to its attention. Accordingly, the Board of Trustees is requesting the submission of names for these committees.

Recommendations for appointments should be sent to James H. Sammons, M.D., Executive Vice President, AMA, 535 North Dearborn Street, Chicago, IL 60610, no later than July 1, 1988. All nominees must be members of the AMA. Nominees for residency review committees should have experience and interest in graduate medical education. The work of the Continuing Medical Education Advisory Committee requires individuals that have had considerable experience in the development of policy for continuing medical education.

It is important to indicate if you are certain that the individual recommended is willing to serve if appointed. Due to the volume of nominations received annually, we use the completion of the transmittal form included with this article. If the recommendation sheet is properly completed it will not be necessary to submit a curriculum vitae. Any recommendation submitted in the past may, if still appropriate, be resubmitted.

In addition, American Boards may, from time to time, ask for recommendations. In accordance with AMA policy, the AMA will respond to these requests. Since the AMA does not have information as to when vacancies will occur on American Boards please refer to the following information.

*"...physicians who are
(AMA) members ...well
qualified for appoint-
ments..."*

Continuing Medical Education Advisory Committee (CMEAC) - one vacancy (annual appointment)

This committee, which reports to the Council on Medical Education (CME), reviews and evaluates present activities, procedures, policy recommendations, and decisions in the area of continuing medical education. Further, the Advisory Committee identifies, studies, and documents problems and formulates recommendations toward their solution.

Residency Review Committees - see list which follows (two-year appointments)

Residency Review Committees (RRCs)

are responsible for the review of residency programs in their respective specialty, under the authority of the Accreditation Council for Graduate Medical Education. RRCs determine if individual residency programs are, or are not, in substantial compliance with approved standards for accreditation.

Residency Review Committee

Dermatology - one vacancy
Internal Medicine - one vacancy
Neurology - one vacancy
Obstetrics-Gynecology - one vacancy
Physical Medicine and Rehabilitation - one vacancy
Plastic Surgery - one vacancy
Psychiatry - one vacancy
Radiology - one vacancy
Urology - one vacancy

Medical Specialty Boards

AMA nominees who are appointed do not serve as representatives of the AMA; their function is the same as that of all other board members, i.e., the determination and application of standards for certification.

Allergy and Immunology
Anesthesiology
Colon and Rectal Surgery
Dermatology
Emergency Medicine

Family Practice
Internal Medicine
Neurological Surgery
Obstetrics and Gynecology
Ophthalmology

Orthopaedic Surgery
Otolaryngology
Pathology
Pediatrics
Physical Medicine and Rehabilitation

Preventive Medicine
Psychiatry and Neurology (for Psychiatry only)
Radiology
Surgery
Thoracic Surgery

C/M

(Continued)

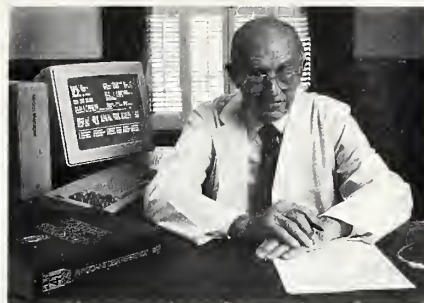
Physicians and Ethics of Treatment re. HIV-infected Patients

Physicians have an ethical obligation to treat patients having HIV infections and to a large extent have lived up to this responsibility, the AMA informed the Presidential Commission on the HIV epidemic. M. Roy Schwarz, M.D., AMA's Assistant Executive Vice President of Medical Education and Science, reviewed the guidelines on treatment of AIDS patients, noting that they represent a current application of AMA's historic principle of medical ethics embodied in this pronouncement: "When an epidemic prevails, a physician must continue his labors without regard to the risk to his own health." Adherence to that principle is accomplishing two important purposes, Dr. Schwarz said. First, it serves as an example to the general public that the medical community understands the nature of HIV transmission. Secondly, it serves to insure that persons with AIDS and those infected with HIV receive appropriate medical care even though this may pose some occupational exposure to the physician. AMA, he pointed out, has circulated the guidelines widely and has encouraged medical schools to stimulate discussion on the issue and place greater emphasis on teaching medical ethics. Although AMA's ethical guidelines are not subject to any enforcement mechanisms, they fulfill an important role in providing directions for responsible professional behavior, Dr. Schwarz explained.

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SEMINAR: PRO SANCTIONS AND REVIEW BY THE BOARD OF MEDICAL EXAMINERS: Public Pressure and the Regulatory Response

WHAT EVERY PHYSICIAN SHOULD KNOW

- 1| About the PRO sanction process and your appeal rights
- 2| About Federal reporting -- what it means to the Board of Medical Examiners, you and your practice
- 3| About the Board of Medical Examiners -- how it operates and how it affects you

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AMA Concerned.....PRO Program

AMA has reiterated its concerns about evident PRO program shortcomings and has called for elimination of the new PRO "bounty system," in separate communications to government officials. In a letter to William L. Roper, M.D., HCFA Administrator, James H. Sammons, M.D., AMA's Executive Vice President, stated the belief that the PRO Program appears to be placing "an undue emphasis on reducing Medicare costs, as opposed to ensuring that beneficiaries receive high quality care" and also is inconsistent in its physician reviewer decisions. He pointed out that PROs were directed to place increased emphasis on quality issues when the second round of PRO contracts were awarded. The widespread and growing perception among physicians, however, is that the program continues instead to emphasize cost containment, often at the expense of care provided to Medicare beneficiaries, he said.

PRO determinations all too often are viewed as not being reasonable by physicians, he said, calling attention to the specific problem of inconsistencies

among physician reviewers in many communities. "PROs should assure that all physician reviewers possess the appropriate degree of expertise and experience to render a sound opinion in the

"...possess the appropriate degree of expertise and experience to render a sound opinion..."

field reviewed," he stated. They must also be held accountable for rendering opinions based on careful and thorough review reflecting appropriate medical practice in the community, he added.

In a second letter sent to Richard P. Kusserow, HHS Inspector General, Dr. Sammons called for ending the newly implemented PRO "bounty system" through which high-level employees receive bonuses based on the number of PRO sanctions they impose and the amounts they recover in assessing financial penalties upon physicians. This patently unfair system "violates the due process rights of physicians by injecting a personal financial interest in favor of sanctions" since those employees eligible for financial bonuses have the authority to exclude physicians from Medicare or to impose substantial monetary penalties upon physicians, Dr. Sammons noted. Accompanying his letter was a copy of House of Delegates policy (Interim Meeting, 1987) urging the elimination of the financial bonuses plan.

If you would like a copy of either or both of AMA's letters contact the AMA, 535 North Dearborn, Chicago, IL 60610.

C/M

CMS WORKING FOR YOU April Calendar

DATE	EVENT	TIME
4/4	Political Party Caucus	Republican 7:00 pm Democrat 7:30 pm
4/6	Committee on Health Issues of Senior Citizens	3:00 pm
4/6	Professional Liability	6:00 pm
4/6	Women In Medicine	6:30 pm
4/6	Workmen's Compensation Advisory Committee	7:30 am
4/8	Council on Legislation	4:00 pm
4/11	COMPAC	6:30 pm
4/12	Alternative Delivery Systems	6:30 pm
4/12	Medicare Advisory Committee	6:30 pm
4/13	Council on Community Health Issues	12:00 noon
4/13	AIDS Task Force	6:30 pm
4/21	Council on Physician/Patient Advocacy	3:00 pm

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COPIC COMMENT

FAMILY PHYSICIANS ASSISTING AT SURGERY

The concept that having the family doctor assist in the operating room may actually lower the chances of litigation - if everything doesn't go perfectly with the procedure - has been suggested by many Family Practitioners. Because of the special rapport common to the FP/patient relationship, this idea may well be one of merit; it demands special scrutiny if our own losses prove the point and the result is a lowering of premium level for certain FP/GP's whose only surgical exposure is as an assistant.

Our first, quick-and-dirty survey of the loss costs vs. premium collected for this exposure seems to bear out the suggestion above, that this is a favorable situation, rather than adverse. On the basis of the first look, an in-depth analysis of claims against Family Physicians is underway, to determine the validity of the more cursory study.

The process will take a few weeks, since much of the information must be gathered from individual files and policies; the potential universe of doctors involved numbers in the hundreds, and this will take some concentrated legwork to find the answers.

If the initial impression is borne out by more detailed analysis, COPIC anticipates a significant reduction in premium costs for those Family Physicians who wish to assist in the operating room: we don't anticipate any reduction for those who act as the primary surgeon or have other exposures which drive a higher risk classification.

Look for a resolution of this issue, and an announcement on the outcome, sometime in the 2nd or 3rd quarter of 1988 - and changes in classification (and price) to be effective at policy anniversary dates shortly thereafter.

Workman's Compensation Advisory Committee (WCAC) Seeks Data

The Workman's Compensation Advisory Committee (WCAC) is seeking data on obvious abuses of timeliness in payment for worker's comp claims. Mr. Bob Husson, Executive Director, Division of Labor, has offered to assist in making sure timely payment is made by worker's comp insurance carriers. He has asked for specific examples where the carrier has not made payment on claims more than 120 days old.

If you have examples of abuse in timeliness of payment by a specific carrier or carriers, please forward them to Valerie Vaughn at the Colorado Medical Society, P.O. Box 17550, Denver, CO 80217. Please do NOT include confidential patient information.

If we cannot provide specific information, Mr. Husson is unable to address the problem carriers and timeliness of payment issues.

C/M

COLORADO

MEDICARE PARTICIPATION STATISTICS

FOR CALENDAR YEAR 1987

CODE	DESCRIPTION	NON-PAR	PAR	TOTAL	%PAR WITHIN-SPECIALTY
01	GENERAL PRACTICE	518	225	743	30
02	GENERAL SURGERY	332	122	454	27
03	ALLERGY	49	18	67	27
04	OTOLOGY, LARYNGOLOGY	117	27	144	19
05	ANESTHESIOLOGY	316	39	355	11
06	CARDIOVASCULAR DISEASE	189	72	261	28
07	DERMATOLOGY	71	40	111	36
08	FAMILY PRACTICE	687	275	962	29
09	EMERGENCY ROOM	95	69	164	42
10	GASTROENTEROLOGY	41	11	52	21
11	INTERNAL MEDICINE	824	271	1095	25
12	MANIPULATIVE THERAPY (DO's)	1	0	1	0
13	NEUROLOGY	139	47	186	25
14	NEUROLOGICAL SURGERY	57	11	68	16
16	OB GYNCOLOGY	341	140	481	29
18	OPHTHALMOLOGY	201	120	321	37
20	ORTHOPEDIC SURGERY	234	122	356	34
22	PATHOLOGY	90	45	135	33
24	PLASTIC SURGERY	68	34	102	33
25	PHYSICAL MEDICINE	33	18	51	35
26	PSYCHIATRY	461	98	559	18
28	PROCTOLOGY	5	4	9	44
29	PULMONARY DISEASE	74	23	97	24
30	RADIOLOGY	255	67	322	21
33	THORACIC SURGERY	57	15	72	21
34	UROLOGY	114	16	130	12
37	PEDIATRIC	479	38	517	7
38	GERIATRIC	2	3	5	60
40	HAND SURGERY	4	2	6	33
70	CLINIC	95	33	128	26
88	UNKNOWN	0	1	1	100
99	UNKNOWN	3	1	4	25
TOTAL PHYSICIAN ONLY		7959	25	5952	2007
19	ORAL SURGERY (DENTISTS)	1668	127	1795	7
35	CHIROPRACTOR	676	112	788	14
41	OPTOMETRIST	201	143	344	42
48	PODIATRY	68	76	144	53
49	AMBULATORY SURGERY CTR	12	0	12	0
54	MEDICAL SUPPLY COMPANY	1456	182	1638	11
59	AMBULANCE	115	60	175	34
63	PORTABLE X-RAY SUPPLIER	3	4	7	57
65	PHYSICAL THERAPIST	54	12	66	18
69	INDEPENDENT LABORATORY	34	25	59	42
86	HOSPITAL, NURSING HOME	87	0	87	0
87	DRUG & DEPT STORES	15	0	15	0
TOTAL NON-PHYSICIAN PROVIDER SPECIALTIES		4389	741	5130	14
TOTAL ALL PART B PROVIDERS		10341	2748	13089	21

TO THE EDITOR

After the Winter Olympics newspapers throughout the United States screamed out "U.S. Athletics a Failure in Winter Olympics," "An Investigative Committee will be formed to look into the Cause of our Poor Showing in the Winter Olympics," "Top Heads will *Roll* because of Poor U.S. Winter Olympics Showing."

Contrast this with the all too frequent articles in the last few years stating "School District to Drop PE Programs," "PE too Expensive, so Programs Cut Back," and "No More PE Classes in County Schools."

We have known for years that our youths' physical fitness has been dropping yearly when compared with children throughout the rest of the modern world. Yearly, fewer students pass the Presidential Fitness Tests in the United States. Instead of a clamor to strengthen our youth, the demand is now to re-evaluate the fitness test to make it more "meaningful" for today's children.

With this in mind we should not be surprised that our youth cannot match the athletic feats of youth from other countries. If we continue to allow the fitness levels of the children of our country to drop, we may certainly anticipate a drop in our ability to vie successfully in world competition.

This is not the most important reason for being concerned with our children's fitness. It has been shown that physically fit children do perform better academically. We also know that physically fit children make healthier, more fit adults. It has also been shown that healthier adults do live longer, have more productive adult lives, and enjoy themselves more fully.

This is the most important reason for improving our youths' fitness. The best way we must begin to improve fitness is to offer more, not less, physical education of the aerobic variety to our school children. Our reward as a nation will be better adult fitness and all that goes with it. With healthier youth as well, one side effect might well be a few more medals along the way.

Yours sincerely,
Donald E. Cook, M.D., Chairman
Committee on School Health & Sports
Medicine

EDITOR

During the week of February 21st to the 28th, 1988, was a time of great delight, having experienced a Caribbean trip sponsored by the Colorado Medical Society. Last September I was notified of the winning of this trip, and at that time the actual sailing of this vacation cruise seemed without reality. However, with the cooperation of Intrav and many helpful hands from CMS, our dream did come true.

Phyllis and I left Denver on February 21st and arrived at Montego Bay the same day, embarking on the Regency Cruise Line for seven days of "fun in the sun" vacation. We spent time in Limon, Costa Rica, the Panama Canal, going in through the first set of locks into Gatun Lake, then to Cartagena, Columbia, the emerald and coffee capital of the world, to Aruba, a Dutch colony, and then finally back to Montego Bay. Highlights included special flowers in our cabin provided by Intrav, being guests at the Captain's table for one evening meal, and finally, meeting so many new and exciting people. This was all possible

through the generosity of the Colorado Medical Society, and I wish to thank the Society for a marvelous experience.

Sincerely,
James H. Gentry, MD

(Ed. Note: Dr. and Mrs. Gentry were awarded this trip through INTRAV after Dr. Gentry's successful efforts in recruiting new members to Colorado Medical Society during our membership drive in the 1986-87 year. Dr. Gentry was only one of a number of members who participated and contributed greatly to our membership efforts. This was the first time that CMS had attempted membership recruitment through an incentive program. 1986-87 membership chairman was James J. Delaney, Jr., MD. Dr. Gentry was a special winner, but everyone who actively participates in the CMS efforts is a winner; it may or may not be a Caribbean cruise, but you will see measurable benefits. Thanks, Dr. Gentry.)

Note: **COLORADO MEDICINE** welcomes letters to the editor; however, letters will not be printed unless the writer is properly identified. Please address all correspondence to:

EDITOR
COLORADO MEDICINE
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Denver, CO 80217-0550

Please use the 9-digit Zip Code, which assures us much speedier delivery.

Physician's Directory - 1988

New methods - new appearance, but it's up to you for the Directory to be correct and complete!

The 1988 edition of the CMS Physician's Directory will be going to press the first of May, which means that any member who is not properly and correctly listed in the current Directory will appear (or not appear) in the new Directory the same way...unless CMS offices receives the corrections and additions prior to April 15, 1988.

On March 30-31 the CMS Office Services Department mailed out 2-part postcards to every CMS member. The second part of this card must be returned to CMS offices by April 15th with any corrections or additions in order that the member be listed as he or she wishes. Otherwise (if that return, postage-paid card is not received by April 15th), your listing in the Directory will appear as it is currently carried in our Directory files. The card will look like the facimile to the right, so watch for it and get it back in the mail as quickly as possible.

Changes in the Directory composition:

Timothy Roberts, CMS Director of Data Processing, has revised our Directory computer programming this year to make the Directory much more usable for everyone. First, we have done away with numerical codes, such as practice codes, component society codes, and instead providing written descriptions or titles of component society membership and specialty practice. Because Colorado Medicine is being composed completely in house on the CMS computers, the Directory is now typeset entirely at CMS. This means that Mr. Roberts has entirely re-written the Physician's Directory from front to back in order that it is much more understandable and useful for referral.

Physician's name	Primary practice address	Home address and phone	This is your CMS ID#
Mary M. Collier, MD	Office Address: 200 E. Walnut Gurdon AR 71743 501-353-2629	Home Address: Route 1 Hwy 70 W Brinkley AR 72021 501-734-1204	403
Specialties: ANESTHESIOLOGIST (You may list up to 5, but no more, with the first one listed indicating your Primary specialty practice.)			
This will be your listing in the 1988 Physician's Directory. Please return this card with or without corrections by 4/15/88.			
Please sign _____			

The Directory will still have its five basic sections: primary practice addresses listed alphabetically by town-city location; component society membership; name and location listing by practice specialty; alphabetical index listing by physician name and location. Because we now have the Directory production completely in-house we will be able to produce a more attractive book and at considerable time and money savings. You, however, are the key to a timely and complete publication: without your accurate listings as of April 15th the Directory will be incomplete and incorrect. You must have these cards returned by the deadline or your listing will not be correct or as you want it. There will be no exceptions after this date.

Following is a sample of the new listing appearance:

ARVADA	
Konigsberg, Robert A. DO	9950 W. 80th Ave. #23 Arvada, CO 80005 (H) /x/x E. Phillips XXXXXXXX, CO XXXXX CLEAR CREEK VALLEY MED. SO. OB & GYN/ECG
Morris, Dorothy L. MD	(H) /x/x/ W. //xx Pl. Arvada, CO 80005 CLEAR CREEK VALLEY MED. SO. PEDIATRICS
Wood, Robert H. MD	5730 Ward Rd. #102 Arvada, CO 80002 (H) /x/x/ W. //xx Pl. XXXXXXXX, CO XXXXX CLEAR CREEK VALLEY MED. SO. FAMILY PRACTICE

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"Personal"

a Volunteer Program of

by Theodore R. Sadler, Jr., M.D., President

Are you looking for a better way to serve your patients enrolled in the Medicare program, to retain current patients, and to attract new ones?

Are you concerned that the public (and their elected representatives) don't understand what you are doing to help your patients who are experiencing financial difficulties?

Are you currently a "participating" physician who anticipates getting out -- but is concerned about having no alternative to offer your patients?

Do you agree with CMS that maintaining the individual claim-by-claim assignment option is essential to preserving professional autonomy and quality medical care?

If you answered "yes" to any of the above, then we strongly urge you to get involved in the new CMS program:

"Personal Care! There's More Than One Kind."

"Personal Care" is a voluntary program recently initiated by the Colorado Medical Society and the American Society of Internal Medicine to demonstrate that Medicare's individual claim-by-claim assignment option can and does serve well the interests of patients enrolled in the Medicare program.

In this issue of *Colorado Medicine* you will find an enrollment form (You should have received one in the mail by this time). We urge you to carefully consider enrolling because the greater number of physicians demonstrating participation in this program (by actual enrollment) the greater chance organized medicine has in defeating the attack against individual assignment options.

The Commonwealth of Massachusetts recently mandated that, as a **condition for licensure, physicians are prohibited from billing patients for any amount in excess of Medicare's "approved amount."**

At least seven other states are **considering similar so-called "mandatory assignment" legislation.**

Congress recently voted to require mandatory assignment of physician laboratory services in order for such services to be covered by the Medicare program. Many powerful members of Congress continue to push for legislation that would virtually force physicians into accepting assignment for all services.

Physicians who voluntarily enroll in CMS's "Personal Care" program agree to take five steps to make the individual assignment option work even better for patients. The five steps are:

1. Answer questions about charges, assignments, or other matters relating to billing and payment -- including what fees will be charged, how fees are determined, and whether or not assignment will be accepted.
2. Help patients file unassigned Medicare claims and obtain proper reimbursement.
3. Accept assignment or provide a discount on fees so Medicare patients having unusual financial difficulties will not have to pay more than Medicare's "approved amount" (i.e., will have to pay only 20 percent of Medicare's approved amount for a given service plus the \$75 annual deductible).

4. Enroll certain patients in a specialized "Personal Care" program so that patients having unusual financial difficulties for an extended period of time will not have to pay more than Medicare's "approved amount" for services provided during a mutually agreed-upon period of time. Patients approved for this specialized program will be given a wallet identification card or a letter which specifies the length of time the program is in effect.

5. Encourage, whenever possible, referral physicians also to accept assignment or provide discount on fees to Medicare's "approved amount" for Personal Care patients.

You are probably saying ***"I am already doing most or all of these things for my patients."*** That's fine.

The problem is that your patients -- and their elected representatives -- do not know or understand what you are already doing. The "Personal Care" program makes it possible to get the word out.

Very important to this matter is that the "Personal Care" program addresses the two most common criticisms of the individual assignment option: lack of predictability and a possibly adverse effect on low-income beneficiaries.

This program also provides a highly visible means of showing your patients how much you care -- thus "Personal Care" can be one of your best professional tools for retaining patients and reaching new people.

Committee for Health Care Availability

by *Dennis M. Chalus, MD, Chairman*
Carol Tempest, Director
Division of Government Affairs

We are pleased to report that the Health Care Availability bill has now passed the Senate and the House Business Affairs and Labor

An updated summary of the proposal may be obtained by calling the Health Care Availability Hotline at 779-5455 or WATS 1-800-654-5653, Ext. 341 or 310 - Betsy or Lorraine will be able to answer most any questions concerning the bill - if they cannot, they will put you in contact with someone who can respond to your inquiry.

Since accepting the chairmanship of this committee, I have learned a great deal concerning the legislative process and the complexities of a successful lobbying effort. My respect for the lobbyists involved with the medical profession has increased one hundredfold. We often hear the word "legislation" defined as the "art of compromise," and I believe our lobbyists have excelled in compromising without giving too much of what we require to stabilize the professional liability problem. The bill is not a panacea, but it certainly is an excellent beginning.

Prior to the beginning of the 1988 state legislative session, the

Professional Liability Crisis Coalition prioritized sections of the bill as follows: (1) periodic payments (2) cap on damages; (3) statute of repose; (4) collateral source; (5) arbitration; (6) cap on attorney fees, and then sections dealing with expert witnesses, Captain of the Ship Doctrine, and vaccine compensation. It was apparent during the early drafting stages that we had no hope of dealing with the cap on attorney fees, and this section was deleted prior to final drafting of the bill. The bill passed the Senate with all other sections of the bill included with the exception of the repeal of the Captain of the Ship Doctrine. Yes, some sections were amended, but we did not expect to gain the "whole

**"TALK TO YOUR
PATIENTS, ASK FOR
THEIR SUPPORT, AND
TELL THEM HOW TO
CONTACT THEIR
LEGISLATOR."**

loaf" on this first effort, and we will continue working with problem amendments when the proposal reaches the House of Representatives.

Please take a few minutes of your time to write a thank-you letter to Senator Ted Strickland, 200 East Colfax, Denver 80203. Senator Strickland is the prime senate sponsor of the bill, and has done an outstanding job in addressing the issue.

The bill now moves to the floor of the House of Representatives and we need your help in contacting all members of the House to request that

they support SB 143, the Health Care Availability Bill.

When legislators realize that this is not merely a "pocketbook" issue for physicians, they will be much more likely to support the measure.

On behalf of the Committee for Health Care Availability, I thank all of you who have so generously supported the activities of our group. If you are among those who have not made a contribution, you may forward your check to: Committee for Health Care Availability, PO Box 17602, Denver 80207-0602.

The following pages are dedicated to those who have contributed to this effort, as of March 15, 1988.
Thanks to each of you!

DENVER EMERGENCY PHYSICIANS,
DENVER
EMERG SERVICE PHYSICIANS,
LAKEWOOD
FRANK P BOLLE, MD, BOULDER
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Contributors to the Committee for Health Care Availability

DOUGLAS M MURRAY, MD, FT COLLINS
B LYNN WEST, MD, FT COLLINS
RAE ANN FRANTZ, MD, LOUISVILLE
MARVIN A CHILDERS III, MD, LOVELAND
WILLIAM J THIEMAN, MD, FT COLLINS
DENNIS G LARSON, MD, FT COLLINS
ROCKY MTN ORTHOPED CLINIC, DENVER
MARK F HOFFMAN, MD, DENVER
GILBERT MCDONOUGH, MD, DENVER
RICHARD E ALBIN, MD, PH.D., DENVER
S. L. SNIVELY, MD, DENVER
G. T. JIM FOUST, MD, DENVER
HAROLD J OLLHOFF, DO, STERLING
T J DILLON, MD, DENVER
JOHN A COOPER, MD, DENVER
FAM PRACT ASSOC OF LOVELAND, LOVELAND
LOVELAND UROLOGIC ASSOC, LOVELAND
ROBERT L ZIMMERMAN, MD, COLO SPRINGS
DON E WOODWARD, MD, ENGLEWOOD
GEORGE H CURFMAN, JR, MD, DENVER
RAYMOND G BONDI, MD, DENVER
MARGARET A CHRISTON, MD, FT COLLINS
H ROLAN ZICK, MD, BOULDER
LOREN E GOLITZ, MD, AURORA
B T DANIELS, MD, GREELEY
RONALD E TEGTMEIER, MD, ARVADA
PEDIATRIC SURGERY ASSOC, DENVER
FT COLLINS ORTHOPD. ASSOC, FT COLLINS
ALAN H HALL, MD, AURORA
DUANE J GLATZ, MD, ENGLEWOOD
JEROME M BUCKLEY, MD, DENVER
THOMAS L LUTTENEGGER, MD, FT CP;;OMS
KELLY & CARLSON, MD, PC, ENGLEWOOD
EDWARD C ELSEY JR, MD, LAKEWOOD
MILDRED DOSTER, MD, DENVER
J. R. SPENCER, MD, AURORA
PUEBLO ORTHOPEDIC PROF CORP, PUEBLO
WILLIAM J THULIN, MD, ENGLEWOOD
CHARLES O ARNOLD, MD, DENVER
SE FAMILY PHYSICIANS, AURORA
PHIL C MCLAIN, MD, ESTES PARK
CHARLES F WENNOGLE, DDS, AURORA
LESTER L WILLIAMS, MD, COLO SPRINGS
BENJAMIN S WOOD JR, MD, DENVER

CARL W SWARTZ, MD, PUEBLO
LOUIS N ASHKAR, MD, AURORA
MILE HIGH UROLOGY ASSOC INC, DENVER
M H MELMED, MD, ENGLEWOOD
NEIL F SULLIVAN, MD, AURORA
FRANKLIN L BOWLING, MD, ENGLEWOOD
LOMA VISTA SURGICAL ASSOC, LA JUNTA
CO SPRINGS EYE CLINIC, P.C., COLO SPRINGS
A.C. LOTMAN, MD, P.C., DENVER
HENRY C GRABOW, MD, CANON CITY
JAMES W LANGLEY, MD, WESTMINSTER
KENDAL KNAUS, MD, LA JUNTA
MITCHEL G ROSSMAN, MD, BOULDER
RODOLF A HOFMANN, MD., P.D., LA JUNTA
RICHARD E STIEFLER, MD, GRAND JUNCTION
PAUL E WOODWARD, MD, FT MORGAN
ROSINA DE CAMPO, MD, LITTLETON
DAVID E MORTON, MD, PUEBLO
ALAN R MURPHY, MD, COLO SPRINGS
WILLIAM R SEYBOLD, MD, COLO SPRINGS
VAIL VALLEY EM PHYSICIANS, PC, AURORA
RKY MTN EMERG PHYSICIANS, PC, AURORA
MARK W PFENNINGER, MD, PC, WHEAT RIDGE
CO EAR, NOSE & THROAT GRP, DENVER
JAMES M BURKE, MD, ASPEN
WAYNE GAGE, MD, COLO SPRINGS
R SCOTT HAMMOND, MD, EVERGREEN
MYRON C SMITH, MD, GREELEY
JAN S HILDEBRAND, MD, CANON CITY
GEORGE S MAXWELL, MD, LONGMONT
R. W. GIBBONS, MD, AURORA
ROBERT F LINNEMEYER, MD, GRAND JUNCTION
BRIAN D OLIVIER, MD, FT COLLINS
CLYDE E PENNER, MD, ENGLEWOOD
BERNARD J MALBURG, MD, HAYDEN
CO SPRINGS CARDIOLOGISTS, PC, COLO SPRINGS
WILLIAM B REPERT, MD, FT COLLINS
AVRIM CANTOR, DO, COLO SPRINGS
JOHN E ELLIFF, MD, STERLING
CARDIAC ASSOC OF COLO, PC, COLO SPRINGS
PHILIP H NORTON, MD, AURORA
KELLY & CARLSON, MD, PC,

ENGLEWOOD
GARY D RECHNITZ, MD, FT COLLINS
BRIEN P JAMES, MD, ENGLEWOOD
VALDEMAR A Y LINDQUIST, MD, DENVER
ROBERT L KULP, MD, BRUSH
GERALD S POTICHA, MD, GREENWOOD VILLAGE
ANDREW P STODDARD, MD, FT COLLINS
LEO J LEONARDI, MD, SALIDA
WILLIAM A BEVAN, MD, VAIL
MICHAEL E CLIFFORD, MD, PUEBLO
RICHARD E PADRNOS, MD, BOULDER
J PHILIP NELSON, MD, DENVER
WILLIAM B. GALLOWAY, AURORA
LAWRENCE I KARSH, MD, DENVER
MARTIN E ANDERSON, MD, DENVER
WILLIAM A CAMPBELL, MD, DENVER
CLIFFORD J NEMETH, MD, LOVELAND
R LEE JENNINGS, MD, DENVER
COSIMO G SCIOTTO, MD, COLO SPRINGS
VIRGILIO LICONA, MD, PUEBLO
JANET A SBARBARO, MD, PUEBLO
FRANK GUERRA, MD, AURORA
PETER G CANADAY, MD, DENVER
ARTHUR J GRANA, DO, COLO SPRINGS
WILLIAM H MILBURN, MD, LYONS
PED & ADOL MED ASSOC, PC, AURORA
ROBERT B BAUMGARTNER, MD, LA JUNTA
ROBERT H KENT, MD, COLO SPRINGS
ELLICE K GOLDBERG, DO, ENGLEWOOD
A C LOTMAN, MD, DENVER
JAMES W LANGLEY, MD, WESTMINSTER
DAVID E MORTON, MD, PUEBLO
JAN S HILDEBRAND, MD, CANON CITY
PROF MUTUAL INSURANCE GRP, KANSAS CITY
PATRICK W KOSMICKI, MD, ENGLEWOOD
HAROLD E MANHARD, MD, MONTROSE
WALLACE K LARSON, MD, COLO SPRINGS
ROGER F EAKINS, MD, WILLIAM R NELSON, MD, DENVER
ROBERT A O'DELL, MD, AURORA
MEDICAL CENTERS PARTNERSHIP, DENVER
EUGENE C PENN, MD, AURORA
ANSCHER TARLIE, MD, ENGLEWOOD
AURORA UROLOGY, PC, AURORA
FRANK N ZARLENGO, MD, DENVER
CNL MEDICAL GROUP, PC, ENGLEWOOD

Contributors to the Committee for Health Care Availability

DRS LAHEY, HUMPHREYS,
THOMPSON, KEYSER & PATTERSON,
DENVER
NEUROLOGY-NEUROSURGERY
ASSOC, DURANGO
HIGH PLAINS PATH CONSULTANTS,
PC, LA JUNTA
FLOYD H POHLMAN, MD, STERLING
JOHN E WATT, MD, GREELEY
DAVID S MATTHEWS, MD, COLO
SPRINGS
DAVID S MATTHEWS, MD, COLO
SPRINGS
WESTERN ORTHOPEDIC ASSOC,
DENVER
WESTON & MAINS, P.C., LAKEWOOD
LAWRENCE A WINOGRAD, MD,
DENVER
R DOUGLAS YAJKO, MD,
GLENWOOD SPRINGS
JOHN D GLISMANN, MD, WHEAT
RIDGE
LORI SZCZUKOWSKI, MD, DENVER
RICHARD G VOSS, MD, FT COLLINS
GRANT W HURLEY, MD, PUEBLO
R. H. MCILROY, PUEBLO
DENIS R ELO, MD, LOVELAND
LARRY D TICE, MD, GRAND
JUNCTION
DAKOTA RIDGE MED CNTR,
BOULDER
BOULDER RADIOLOGISTS, INC,
BOULDER
HUBERT T SERVIS, MD, COLO
SPRINGS
J. H. HUMPHRIES, MD, DENVER
HARRY V UNFUG, MD, FT COLLINS
ROBERT A SACHS, MD, LITTLETON
WILLIAM W HOWLAND,
LAFAYETTE
MARYETHEL MEYER, MD,
LAKEWOOD
DIRK J GEISTERFER, MD, DENVER
A GLENN SHOPTHUGH JR, MD,
COLO SPRINGS
DRS GROSSHANS & POTTS, PC,
LAKEWOOD
SHENKEL, MOHLER, DIRKS &
SHENK, MD, PC, GRAND JUNCTION
BOULDER ORTHOPEDICS, PC,
BOULDER
LAKE COUNTY MEDICAL ASSOC,
LEADVILLE
RUSSELL C KLEIN, MD, GOLDEN
NE COLO SURGICAL ASSOC, PC,
STERLING
BEN S JOHNSON, DO, COLO
SPRINGS
THOMAS P KASENBERG, DO,
LOVELAND
SO DENVER GASTROENTEROLOGY,
PC, ENGLEWOOD
COLORADO EAR CLINIC, PC,
DENVER
PATRICK W LUTER, MD, DURANGO
LYNN M PHELPS, MD, PUEBLO
PAUL M WALL, MD, COLO SPRINGS
CONSULT. INT MEDICINE, PC,

LOVELAND
RKY MTN SURGICAL
CONSULTANTS, EVERGREEN
THOMAS A HAYGOOD, MD, FT
COLLINS
JILL S MONTREY, MD, DENVER
JACOB WEBEL, MD, GRAND
JUNCTION
DONALD E HUDSON JR, MD,
AURORA
CO PROFESSIONAL COUNSELING
SERV, DENVER
SUMIO GO, MD, COLO SPRINGS
VAIL INTERNAL MEDICINE, PC,
VAIL
SCHRANDT-SCHMIDT UROLOGY, PC,
DENVER
JAMES L KAREL, MD, DENVER
ROBERT K VAN RUEDEN, MD,
DENVER
ALAN W BURGESS, MD, DENVER
SHORES FAMILY PRACTICE, FT
COLLINS
MARCUS B BOND, MD, GOLDEN
HAROLD H ROHRER, MD,
LITTLETON
RUSSELL BUESING, MD, DENVER
JOHN D VALENTINE, MD, DENVER
GEORGE M LACY, MD, ENGLEWOOD
WILLIAM F ERFLING, MD, BOULDER
THOMAS J KAIL, MD, DENVER
UROLOGICAL ASSOCIATES, PC,
COLO SPRINGS
KENNETH J CAVANAUGH, MD,
LONGMONT
THOMAS J DARRAH, MD,
LONGMONT
METROPOLITAN RADIOLOGISTS, PC,
DENVER
PLAINS MEDICAL CENTER, LIMON
RICHARD J SANDERS, MD, DENVER
CHARLES K MCCLEAN, MD,
DENVER
J W LAUER, MD, DENVER
DONALD G BUTTERFIELD, MD,
DENVER
DONN M TURNER, MD, FT COLLINS
JOSEPH A JABAILY, PH.D., MD,
LOVELAND
AZAD KATCHIAN, MD, WHEAT
RIDGE
FT COLLINS FAM PHYSICIANS, FT
COLLINS
MELFORD L STRAND, MD,
ENGLEWOOD
MARVIN L SWANSON, MD, AURORA
DAVID L MORGAN, MD, DENVER
LINDER & HALL, DENVER
JOHN R GILL, MD, LAKEWOOD
G. H. VANDIVER, MD, LA JUNTA
HIGH PLAINS PATHOLOGY, LA
JUNTA
AURORA UROLOGY, AURORA
ANSCHER TARLIE, MD,
ENGLEWOOD
RONEY & VOORHEES, MD,
LITTLETON
DENISE MILLER, MD, LONGMONT

SURGICAL ASSOC OF GREELEY,
GREELEY
TIBOR ENGEL, MD, DENVER
GRND JUNCTION ORTHOPEDIC
ASSOC, GRAND JUNCTION
RICHARD A VITO, MD, BOULDER
EDWARD B LIDDLE, MD, COLO
SPRINGS
VERNELL W CURRY, MD, PUEBLO
RUSSELL N GABIREL, MD, COLO
SPRINGS
JOHN H SOBEL, MD, DENVER
M DINA BRUDENELL, MD, BOULDER
CO RADIATION ONCOLOGY,
DENVER
GORDON D MURLEY, MD, PUEBLO
JOSEPH A TYBURCZY JR, MD,
BRIGHTON
DENVER ALLERGY & ASTHMA
ASSOC, LAKEWOOD
WILLIAM G MEHOS, MD, SALIDA
JOEL J BECHTEL, MD, GRAND
JUNCTION
GERALD W GRIEBEL, MD, CORTEZ
EARL D BAUMGARTEL, MD,
LOVELAND
CHARLES J HOLT, MD, GREENWOOD
VILLAGE
JACK L MACKEY, MD, STERLING
THOMAS J GARGAN, MD, DENVER
W THOMAS KORT, MD, LAKEWOOD
GARY L SNYDER, MD, GRAND
JUNCTION
UROLOGICAL ASSOCIATES,
COLORADO SPRINGS
DAVID M ABBEY, MD, FT COLLINS
DENVER ARTHRITIS CLINIC, PC,
DENVER
JOHN J VACANTI, MD, DENVER
LEE W CLARK, MD, DENVER
DENVER ORTHOPEDIC CLINIC, PC,
DENVER
DELL BERNSTEIN, MD, DENVER
GREELEY MEDICAL CLINIC,
GREELEY
STEPHEN J BISHOP, MD, DENVER
ROGER W NARVAEZ, MD, LA JUNTA
PERLITA G ACUNA-NARVAEZ, MD,
LA JUNTA
CO EMERGENCY MEDICAL
ASSOCIATES, THORNTON
HAROLD H DUPER, MD, FT
COLLINS
FREDRIC A SCHROEDER, MD,
DENVER
AURORA WOMANCARE, PC,
AURORA
DON E DUNKIN, DO, DENVER
JULIE CARPENTER, MD, BOULDER
L. J. FARABAUGH, MD, PUEBLO
MICHAEL M CRISSEY, MD, COLO
SPRINGS
JACK COOPER, MD, COLO SPRINGS
MECHTEL VAN HARDENBROEK,
MD, GRAND JUNCTION
JERRY A STIRMAN, MD, GLENWOOD
SPRINGS
IRA S POLEVOY, MD, LAKEWOOD

Contributors to the Committee for Health Care Availability

DALRIE BERG, DO, DENVER
NORTHWEST INTERNAL MEDICINE,
PC, DENVER
NOEL E SANKEY, MD, ENGLEWOOD
W GERALD RAINER, MD, DENVER
RICHARD C HECKMANN, MD,
DENVER
CARDIOVASCULAR SURGEONS OF
COLO SPRGS, COLO SPRINGS
MALLORY T HARLING, MD, FT
COLLINS
HENRY J SCHMITT, MD, COLO
SPRINGS
KELLY & CARLSON, MD, PC,
ENGLEWOOD
CLAUDE D BAKER, MD, LITTLETON
DENVER INT MED GROUP, DENVER
JOHN B MOORE, MD, LAKEWOOD
DENVER UROLOGY CLINIC, PC,
DENVER
WHERRY & WHERRY, MD,
LONGMONT
COLORADO IMAGING ASSOC, PC,
LITTLETON
JAMES C DANFORTH, MD,
LOVELAND
NEUROLOGICAL SURGERY LTD, PC,
DENVER
C. S. POLIAKOFF, MD, COLO
SPRINGS
THOMAS K REICHERT, MD, PUEBLO
THEODORE R SADLER JR, MD,
DENVER
ANN L THRON, MD, BOULDER
TED C DICKINSON, MD, MONTROSE
NICK D HATTEL, MD, DELTA
EMER PHYSICIANS AT PORTER
HOSPITAL, DENVER
CO UROLOGY ASSOCIATES, PC,
DENVER
SOUTH SURGICAL GROUP, PC,
DENVER
K MASON HOWARD, MD,
LITTLETON
KENNETH E NELSON, MD, GRAND
JUNCTION
RICHARD D ROARK, MD, FT
COLLINS
JOHN W CARTIER, MD, DURANGO
KURT T DALLOW, MD, EATON
JULIE CARPENTER, MD, BOULDER
T M PICKARD, MD, STERLING
R REED JOHNSON, MD, DENVER
CORNEAL CONSULTANTS OF COLO,
LITTLETON
COLO SPRINGS RADIOLOGISTS, PC,
COLO SPRINGS
DEBORAH W NOVAK, MD, GRAND
JUNCTION
STEVE M GARDNER, MD, GRAND
JUNCTION
STEPHEN F CARDOS, MD,
BRIGHTON
EUGENE L WESTON, MD,
LAKEWOOD
CHARLES W MAINS, MD,
LAKEWOOD
CHAMBERLAIN, MOTLEY &
LAMBERT, MONTROSE

STEVEN S RANZENBERGER, DO,
COLO SPRINGS
ROBERT B SAWYER, MD, DENVER
PETER PETERSON, MD, DENVER
LAWRENCE J WEIL, MD, DENVER
GIFFORD V ECKHOUT, MD, DENVER
AURORA EYE PHYSICIANS, PC,
AURORA
GEORGE O TUTT JR, MD, FT
COLLINS
BERNARD J POWERS, MD,
ENGLEWOOD
RODGER D BILDSTEIN, MD, COLO
SPRINGS
ROBERT E MCCURDY, MD, DENVER
WALTER R SCHRECK, MD, DENVER
DURANGO OB/GYN ASSOCIATES,
DURANGO
RICHARD C HUFFAKER, DO, GRAND
JUNCTION
SMITH, JAMES & MATCHETT,
GRAND JUNCTION
DANIEL R COOPER, MD, DENVER
W. CARLYLE SMAIL JR, MD,
DENVER
JOHN G PROPP, MD, DENVER
PAUL RADWAY, MD, PUEBLO
G F MAHAFFEY, DENVER
GERALD H HOOPER, DO, DENVER
GREELEY ORTHOPEDIC
ASSOCIATES, PC, GREELEY
DENVER PEDIATRIC SURGEONS, PC,
DENVER
FT COLLINS HAND CLINIC, FT
COLLINS
HAND SURGERY ASSOCIATES, PC,
DENVER
THOMAS P STORM, MD, DENVER
W WAYNE MOSS, MD, LAKEWOOD
SCHNEIDER MEDICAL GROUP, PC,
DENVER
S C PERCEFULL, MD, ENGLEWOOD
ARLIS M ADOLF, DENVER
FAMILY CARE MED CENTER,
DENVER
HOWARD E NETZ, MD, LAKEWOOD
LAWRENCE R MENCONI, MD,
WESTMINSTER
VERNON D RITZMAN, MD, WHEAT
RIDGE
PAT SUTTON, MD, DENVER
GARY D VANDERARK MD,
ENGLEWOOD
DEAN L SADLER, MD, LAKEWOOD
MILO P GERBER, MD, PUEBLO
DAVID C DEEVER III, MD, DURANGO
DON B SMITH, MD, ENGLEWOOD
BOULDER VALLEY ASTHMAS &
ALLERGY CLINIC, PC, BOULDER
FRANK D MANART, MD, DENVER
GLENN KEMPERS, MD, GRAND
JUNCTION
W GEORGE SHANKS, MD, GRAND
JUNCTION
STEPHEN C AXTHEIM, MD, GRAND
JUNCTION
R DOUGLAS ROWLEY, MD, PUEBLO
W & W PARTNERSHIP, FT COLLINS
E H FRALICK, MD, CENVER

ACP GOVERNORS ACCOUNT,
DENVER
ROBERT P DOMALESKI, MD, WHEAT
RIDGE
STANLEY D CARSON, MD, DENVER
ROBERT F BERRIS, MD, DENVER
PEDIATRIC SURGERY ASSOC, PC,
DENVER
RICHARD W WILLIAMS, MD,
ENGLEWOOD
JEAN WILLIAMS, MD, ENGLEWOOD
SHELLEY PEETZ, MD, GREELEY
PATRICIA L WAHL, COLORADO
SPRINGS
WILLIAM DAHLBERG, MD, DENVER
ROBERT A SARGENT, MD,
ENGLEWOOD
JOHN A LAMPE, MD, DENVER
STEVEN S RANZENBERGER, DO,
COLO SPRINGS
RAYMOND BETSON, MD, DENVER
J C BOOREN, MD, DENVER
KATHRYN L MCMULLAN, MD,
BRIGHTON
L B GOLTER, MD, GRAND JUNCTION
ARCHIE E MAGEE, MD, GRAND
JUNCTION
M ROBERT YAKELY, MD,
ENGLEWOOD
MERL M JACOBSEN, MD,
LITTLETON
VAL I ROBICHAUX, MD, DURANGO
MILFORD E THIESZEN, MD, FT
COLLINS
CANON CITY FAMILY MED CLINIC,
CANON CITY
JOHN HEDBERG, MD, DENVER
NATHAN L BRIGHTWELL, MD, COLO
SPRINGS
ROBIN HARRISON, MD, BOULDER
FRITS MIJER, MD, DENVER
WILLIAM E LLOYD, MD, COLO
SPRINGS
MERKERT, CARLTON, WALDRON &
MAHONY, COLO SPRINGS
RICHARD C LAMB, MD, STERLING
A MARIE DAVIDSON, MD, DURANGO
JOSEPH M MURPHY, MD, DURANGO
DONALD L RAPPE, MD, DURANGO
MARTIN P PIRNAT, MD, DURANGO
JOHN A VANBUSKIRK, MD,
ENGLEWOOD
J T THOMPSON, MD, AULT
RONALD C SPANGLER, MD,
HIGHLANDS RANCH
RICHARD D TALBOTT, MD, DENVER
ERNEST FEILER, MD, CHAMPAIGN
ERIC K HAMMERBERG, MD,
DENVER
DONALD D CLARK, MD, GREELEY
WILLIAM D MERKEL, MD, GRAND
JUNCTION
J C FREUDENBURG, MD,
LONGMONT
C E MOSSBERG, MD, LONGMONT
M W RUBRIGHT, MD, LONGMONT
W H MILBURN, MD, LONGMONT
D T FITZGERALD, MD, LONGMONT

Contributors to the Committee for Health Care Availability

J MCKINNEY-CLARK, MD, LONGMONT
 R L SCHATEN, MD, LONGMONT
 J D CARSON, MD, LONGMONT
 S K STEWART, MD, LONGMONT
 C S COLBERG, MD, LONGMONT
 J A BRITTON, MD, LONGMONT
 P D CERIANI, MD, LONGMONT
 S L REPLOGLE, MD, LONGMONT
 R J PISCHINGER, MD, LONGMONT
 S D CLARK, MD, LONGMONT
 M P MCKENNA, DO, LONGMONT
 K R BERG, MD, LONGMONT
 D M MILLER, MD, LONGMONT
 L D BACKUP, MD, LONGMONT
 W R BERRY, MD, LONGMONT
 J E GLODE, MD, LONGMONT
 H W KOELSCH, MD, LONGMONT
 D A LAVRINET, MD, LONGMONT
 D W MCCARTY, MD, LONGMONT
 D A PODLECKI, MD, LONGMONT
 P M MOFFETT, MD, LONGMONT
 S R HENDERSON, MD, LONGMONT
 B E BERGLAND, DO, LONGMONT
 J A DICKMANN, DO, LONGMONT
 PEAK HLTH PLAN OPERATIONS, FT COLLINS
 BRETT P HUNTER, MD, GREELEY
 JERL F FRYE, DO, CORTEZ
 KENT R BRITTON, MD, CORTEZ
 LEONARD W CAIN, MD, CORTEZ
 JOHN D HUTCHERSON, MD, DENVER
 WILLIAM R LAFORCE, MD, STERLING
 ARTHUR F JONES, MD, LAKEWOOD
 JAMES E SHIRA, MD, ENGLEWOOD
 LESLIE R CAPIN, MD, AURORA
 ANESTHESIA WEST, PC, GRAND JUNCTION
 CO OB/GYN IPA, DENVER
 JANE B FERGUSON, DO, GRAND JUNCTION
 WILLIAM P CHANDLER JR, DO, ARVADA
 MILES D LEE, DO, GREELEY
 JOYCE E MICHAEL, DO, COLO SPRINGS
 SIDNEY D RUBINOW, DO, COLO SPRINGS
 F E BROWN, DO, GRAND JUNCTION
 P C BRITAIN, DO, AKRON
 RAY E PIPER, DO, DENVER
 LLOYD L STRODE JR, DO, COLO SPRINGS
 THOMAS T MCCARTHY, DO, COLO SPRINGS
 TERRY J WINTORY, DO, AURORA
 JOHN H DRABING, DO, COLO SPRINGS
 CHARLES G HUGHES, DO, COLO SPRINGS
 GERALD A HAMSTRA, DO, COLO SPRINGS
 THE DOCTORS MGMT COMPANY, SANTA MONICA
 CO ACADEMY OF PA'S, BROOMFIELD

ORRIE G CLEMENS, LOVELAND
 PHILIP F WEBER, MD, BOULDER
 TERRELL R WEBB, MD, AURORA
 ROBERT C BRADLEY, MD, WINDSOR
 RICHARD K PARKER, MD, DENVER
 RICHARD L PRESSLEY, MD, BOULDER
 S H BIBER, MD, TRINIDAD
 WILLIAM P CHANDLER, DO, ARVADA
 ACAD PARK PEDIATRICS, LAKEWOOD
 JOHN C RILEY, MD, ENGLEWOOD
 JAMES E LIST, MD, LITTLETON
 H A YOCUM, MD, DENVER
 PAINTER-WANEBO-SIMONS-ROY, GRAND JUNCTION
 H KENT AXTELL, MD, LAKEWOOD
 DONALD W GOIN, MD, DENVER
 I KAUFMAN ARENBERG, MD, DENVER
 JAMES R HILL, MD, BOULDER
 STEPHEN R HENDERSON, MD, LONGMONT
 DONALD D NUSS, MD, AURORA
 RICHARD C HUFFAKER, DO, GRAND JUNCTION
 STAN SIEFER, MD, DENVER
 STANLEY G STRAUSS, MD, WESTMINSTER
 ALAN B LEVY, MD, WESTMINSTER
 JOSEPH A ANDERSON, MD, DENVER
 KENNETH R RICHARDSON, MD, LITTLETON
 JAMES MANN, MD, GOLDEN
 WALTER OPPENHEIM, MD, WHEAT RIDGE
 JAMES R DUNN, MD, GRAND JUNCTION
 JOSEPH C GREER, MD, DENVER
 EARL C HUTCHINS, MD, GREELEY
 COLO SPRINGS PULMONARY CONSULT, COLO SPRINGS
 RONALD E SMITH, MD, GRAND JUNCTION
 MARTIN E O'BRIEN, MD, LITTLETON
 HERSCHEL PHELPS JR, MD, LOVELAND
 VEL KAILASAM, MD, FT COLLINS
 JOHN R WELCH, MD, GREELEY
 DOUGLAS B CARTER, MD, GREELEY
 JERRY WEIL, MD, GREELEY
 J A WEAVER JR, GREELEY
 J T THOMPSON, MD, AULT
 R I SHWAYDER, MD, GREELEY
 A J HELM, MD, SUN CITY
 ROBERT B MCDIVITT, MD, GREELEY
 EDWIN D KADLUB, MD, WINDSOR
 EARL M SISSON, MD, GREELEY
 NATHAN J CLIFFORD, MD, GREELEY
 MENG LAI LIM, MD, GREELEY
 THOMAS J FLOWER, DO, GREELEY
 THOMAS L HARMS, MD, GREELEY
 MICHAEL V CAREY, MD, WINDSOR
 FRED D KUYKENDALL, MD, GREELEY
 ROGER M JOHNSON, MD, GREELEY
 YO-JUN SONG, MD, GREELEY

PATRICK SULLIVAN, MD, GREELEY
 RICHARD J KEMME, MD, GREELEY
 RONALD C SPANGLER, MD, HIGHLANDS RANCH
 HENRY C CLEVELAND, MD, DENVER
 DAVID E HUTCHISON, MD, DENVER
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LAST SEEN: Left side of "Mesa Verde A", CMS office at Hyatt, 7:50 AM, Sunday March 6.

CONTENTS: CMS/HMSS meeting file, misc. folders, datebook, grey wool cap, sunglasses in black case, shaving kit containing pipes.

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April 15, 1988

Volume 85, Number 8

S.B. 143: It Passed! **Health Care Availability Bill** **(with some modification)** **Gains Approval**

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GMENAC (Graduate Medical Education National Advisory Committee): **Can We Ever Put It To Rest?**

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Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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by Thomas Balkany, M.D., Chairman
Council on Legislation
and Carol Tempest, Director
Government Affairs Division

HEALTH CARE AVAILABILITY BILL PASSES!

*"...unprofessional
conduct, mainly in
the areas of report-
ing."*

SB 143, THE HEALTH CARE AVAILABILITY BILL, was passed by the House on April 6 and now needs only ratification of House amendments by the Senate and some sort of acceptance by the governor, be it signing it into law or simply allowing it to become law. As always in the legislative process, compromises had to be made, but the bill's provisions are extensive and hopefully will have a positive effect on malpractice premiums. The victory is due to the work of so many individuals but is proof of the power that physicians can have when they work together. Component and specialty societies worked with CMS, COPIC, UCMC, and the Colorado Hospital Association for what was truly a team victory. Crippling amendments were offered as late as April 5th and were narrowly defeated, but the final House vote that appears in hometown newspapers was 57 to 7 - proof that community pressures had been successfully brought to bear.

BOARD OF MEDICAL EXAMINERS PROPOSAL (HB 1340): The expected bill concerning the Board of Medical Examiners emerged from the Governor's Task Force as House Bill 1340. The bill adds to the list of acts constituting unprofessional conduct, mainly in the areas of reporting. It authorizes the board to issue a confidential letter of concern for conduct which does not warrant formal action and provides immunity from liability for board members acting in their official capacity. It also brings the state into compliance with the federal "Health Care Quality Improvement Act of 1986", upon implementation of that act. The bill as introduced by Representative Carol Taylor-Little (R), Arvada, would have replaced an osteopath member of the board with a nurse and mandated that one of the consumer members be an attorney, but this language was removed in the House HEWI committee. An attempt by physician assistants to place a member on the board was also defeated.

RISK POOL FOR "UNINSURABLES": SB 170 creating an insurance risk-pool for "uninsurables" has been passed by the Senate and cleared by one of three committees to which it was assigned in the House. It has been amended to except coverage for AIDs

patients and for "services that are routinely excluded or limited in standard individual policies." Its future becomes dimmer.

EXTENSION OF PRACTICE ACTS: SB 11, allowing physical therapists to treat without a prescription from a physician, and HB 1155, allowing optometrists to use certain therapeutic measures, have both been passed by the legislature and await the governor's signature. SB 11 will affect primarily the patient who pays for therapy himself since many insurers require a prescription. HB 1155 was extensively amended and much was removed, but the optometrists certainly got their feet in the door. Legislators continue to believe they can legislate education, and it's unfair for the consumer of health care.

APPROPRIATIONS BILL: The long appropriations bill will be introduced in the House of April 18th signifying the nearing of the close of the 1988 legislative session. The bill includes extra legal help for the Board of Medical Examiners and funding for the CMS jail project but does not answer the needs of the Department of Social Services. Medicaid funding remains a problem. May 24th is the scheduled date for adjournment, and the decisions concerning the state's budget and the big bills like school finance rest in Republican hands. Democrat caucuses and speeches are perfunctory.

Many legislators have already announced for re-election, and some interesting vacancies are appearing. Please get involved, with your spouses, in at least one state or federal race. It makes it so much easier to talk with that legislator when we need a vote. Besides - you'll find it fun.

CIM

Committee for Health Care Availability

by Dennis M. Chalus, M.D., Chairman
Carol Tempest, Director
Division of Government Affairs

S. B. 143 Passes Thank You!

HIGHEST OF ACCOLADES to each of you who cared enough to become involved in the Professional Liability Crisis Coalition and the Committee for Health Care Availability! This effort has proven what the medical community can accomplish when it joins together with a common goal.

The list of persons who should be thanked are numerous, but I ask that you begin by thanking the prime sponsors of the bill, Senator Ted Strickland and Representative Pat Grant. You may address your correspondence to the State Capitol Building, 200 East Colfax, Denver 80203. To determine how your own legislators voted on the issue, do not hesitate to contact the CMS Government Affairs Office (WATS 1-800-654-5653 or 779-5455).

I'm proud of my many colleagues who contributed to the committee both financially and personally by talking with patients and urging their support of this important piece of legislation. Rural and Western Slope physicians were particularly zealous in efforts to promote passage of this measure.

The Health Care Availability Hotline was continually busy responding to calls from patients who inquired about the bill and asked what they could do to help. The Statements of Support which many of you completed and forwarded to us were a definite factor in the successful passage of this bill. The members of the Professional Liability Crisis Coalition, chaired by Dr. Richert Quinn, Greeley,

"...what the medical community can accomplish when it joins together with a common goal."

and comprised of representatives of most medical specialty societies and CMS leadership contributed many long hours on your behalf.

Thank also your lobbyists who we certainly could not have done without. I am not listing them by name for fear that someone might be overlooked, but I urge you to give them a special "pat on the back." This is a talented group and I encourage the medical community to

give serious thought concerning how we may best work together and utilize these talents on other major health issues.

My personal thanks go to Betsy Fox and Lorraine Koehn, staff persons for the committee. Betsy has now completed her contract with the committee and will pursue other endeavors - we wish her well! Lorraine continues as staff of the CMS Government Affairs Division and Secretary of the Committee for Health Care Availability. A professional in the legislative arena, Lorraine has shared with me her goal of integrating the legislative programs of both CMS and specialty societies to attain future legislative successes for organized medicine. The vehicle for accomplishing this may well be the Committee for Health Care Availability - I'll be interested in any ideas you may have concerning how CMS and the medical specialty societies can best work together in the future. You may address your correspondence to Committee for Health Care Availability, P.O. Box 17602, Denver 80207-0602.

C/M

The Ghost of GMENAC Returns

WIDELY-HELD PROFESSIONAL FEARS THAT THE NATION WILL HAVE A GLUT OF PHYSICIANS BY 2000 ARE UNFOUNDED, two physicians who have researched future physician supply needs reported in papers published in the April 7 issue of the *NEW ENGLAND JOURNAL OF MEDICINE*. They concluded that there actually could be a modest shortage of physicians by the turn of the century. A major 1980 report by the Department of Health and Human Service's Graduate Medical Education National Advisory Committee (GMENAC) predicted that there would be 144,700 too many physicians in the U.S. by 2,000. That report and others that reached the same basic conclusion have aroused considerable concern with the profession that too many physicians may be being trained. The authors of the *NEW ENGLAND JOURNAL* articles, however, said those projections are wrong because they were based on erroneous assumptions and also failed to take changing factors into account. The papers were developed by William B. Schwartz, M.D., of Tufts Medical School, and Ernest B. Schloss, M.D., of the University of Arizona.

According to Dr. Schwartz, the principal author, the biggest mistake made in

GMENAC and other prior studies was making the assumption that all physicians would be treating patients. In reality, about 93,000 will be administrators, teachers and researchers, Dr. Schwartz said. Another false assumption was that the demand for physicians will remain constant. Instead, Dr. Schwartz said, demand for physician services has continued—as it has for several decades—to increase by one per cent a year. Another miscalculation, in his opinion, was failure to take into account the impact of the sharply rising number of women physicians who practice fewer hours (10%) than men. Dr. Schwartz also noted that the studies did not foresee the current trend for residents in large teaching hospitals to work shorter hours. According to his projections the nation will need 592,000 physicians by 2000 and will have 585,000.

AMA WELCOMES CAREFUL STUDY OF THE PHYSICIAN SUPPLY ISSUE and will analyze the findings reported by the authors.

THERE'S A BIT OF GOOD NEWS FOR TIGHTLY BUDGETED MEDICARE CARRIERS WHO ARE HARD PRESSED to meet their steadily expanding government obligations. HCFA has advised that it will release \$57.4 million in FY-88 contingency funds to carriers to facilitate their ability to comply with new billing requirements mandated under OBRA-1987. Most of the funds are to be applied by Medicare carriers and fiscal intermediaries to enable them to satisfy altered deadlines for making payments to providers. Carriers have been directed to hold all claims for 10 days, effective July 1, and to pay 95% of clean claims in 26 days. HCFA already has

freed \$14.7 million of the contingency funds and soon will be releasing the rest. Indirectly, the additional funding may ease other current pressures on carriers, but it will not strengthen their capabilities to develop claims.

PROGRAMS THAT AMA CONTINUOUSLY CONDUCTS TO EDUCATE PHYSICIANS ABOUT ADVERSE DRUG REACTIONS were described in a communication sent to the Senate Select Committee on Aging for its official record. That committee held March 25 oversight hearings on safeguards against drug reactions among the elderly. In a letter to Sen. John Melcher (D-MT), Chairman, James H. Sammons, M.D., Executive Vice President of the AMA, advised of the active role that AMA performs in providing physicians with information on the proper use of drugs, including cautions for avoiding many adverse drug reactions, and authoritative information on alternative drugs that may be prescribed when adverse reactions do occur. In weighing the potential benefits of drug therapy, physicians keep in mind the possibility of an adverse reaction and must make individual professional judgements based on the condition of the particular patient, Dr. Sammons said. Although the elderly constitute only 12% of the population, they utilize about 30% of the drugs—both prescription and over-the-counter—that are dispensed in the U.S. and are most likely to experience adverse reactions since they commonly have multiple chronic illnesses and may be taking several medications for chronic or acute conditions.

(Continued on following page)

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Minimizing adverse drug reactions among the elderly is one of the thrusts of AMA's considerable activities in educating physicians about drugs, Dr. Sammons said. These important contributions include articles published in JAMA that reach hundreds of thousands of physicians; publication of AMA DRUG EVALUATIONS, a leading resource on drug information and selection that is published for health professionals; its Prescription Abuse Data Synthesis (PADS) program directed toward diminishing overprescribing of controlled substances and the adverse drug reactions they can cause; and preparation of Patient Medication Information leaflets for physician distribution to patients. Other AMA contributions in this field are publication of the brand new AMA GUIDE TO PRESCRIPTION AND OVER-THE-COUNTER DRUGS now available from bookstores and the popular AMA FAMILY MEDICAL GUIDE, a volume that gives the public a better understanding of specific medical problems, their causes and how physicians treat them. The publication helps individuals recognize the need to see their family physician, sometimes on an urgent basis and contains a section on adverse drug reactions and appropriate instructions. More than 3.4 million copies have been sold.

WOMEN ARE OPTING FOR CAREERS IN THE PRIMARY HEALTH PROFESSIONS IN EVER-INCREASING NUMBERS, the annual report compiled by the National Center for Health Statistics highlights. That there have been sharp gains in enrollment by women in medical schools since the very early 1970's is readily apparent to the profession, but it has perhaps gone unnoticed that women also have made remarkable inroads into dentistry and pharmacy. Since 1971 the proportion of women entering medical school has soared to 33% from 11%. During the same span of time women edged into the majority of pharmaceutical schools, and comprised 56% of the enrollment during the 1985-86 term. In 1971 only 24% of pharmacy students were women. The most dramatic increases occurred in dentistry where only one percent of students were women during that term. They now comprise one-fourth of classes. The report, "Health United States-1987," which is issued by HHS, also presents vital sta-

tistics that are viewed as an annual barometer of the nation's medical/health well-being. Life expectancy continues to be better for all. Average life expectancy for newborns is 74.7 years, for white females it is 78.9 and for black females 73.1. The latter represents a spectacular increase of 10.8 years from 1950 and a full 40 years from 1900. Life expectancy for white males is 71.9, a slight increase from the preceding year and up from 46.6 years in 1900. Among other closely watched data of interest:

— Overall infant mortality lessened by a mere two percent, the smallest level of improvement since 1965. The rate for blacks was 18.2% per 1,000 live births, compared to 9.3 for whites.

— Births to unmarried mothers alarmingly doubled to 22% from 11%.

— The mortality rate for cancer improved only slightly in the 15-year period beginning in 1970, but the lung cancer rate among women more than doubled.

— Heart disease continued to be the leading cause of death.

"A Guide to Communiting with Members of Congress," ...important "do's" and don'ts.

TIPS ON HOW TO MOST EFFECTIVELY EXPRESS YOUR VIEWS TO MEMBERS OF CONGRESS ARE DISCUSSED in a handy new brochure, "A Guide to Communicating with Members of Congress." This booklet has been prepared by AMA and its American Medical Political Action Committee (AMPAC). The communications suggestions and techniques (including important "do's" and don'ts) covered in a pocket-sized 4x9-inch publication are equally applicable to elective officials at local, state or other levels. Among the mechanisms covered are letters, mailgrams, telegrams, phone calls, personal visits and group meetings. The publication also contains a glossary of frequently-used legislative terms. Bulk orders (15 cents a copy) may be obtained by writing AMA/AMPAC, 1101 Vermont Ave., N.W., Washington DC 20005.

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ANOTHER ACRIMONIOUS BOOK ABOUT THE MEDICAL PROFESSION WILL BE PUBLICLY INTRODUCED about April 18th and likely will receive a modicum of press attention. Entitled *Medicine On Trial*, it is being aggressively promoted by the Peoples Medical Society, a Pennsylvania-based group that professes to be a consumer-oriented health care organization. The book is co-authored by Lowell S. Levin, a tenured professor in Yale's Department of Public Health and Epidemiology, and Charles Inlander, executive director of PMS since its founding by Rodale Press, publisher of PREVENTION magazine. *MEDICINE ON TRIAL* makes wild claims about the supposed high incidence of unnecessary surgery, useless diagnostic tests and negligence in the nation's medical care. Without providing any documentation, the authors outrageously assert that five million of the 35 million surgical procedures performed each year "are unnecessary" and that "up to 10,000 people die each year because anesthesia is incorrectly administered." General theme of the book is that "Most medical mistakes are caused by incompetence, greed and sheer arrogance," a philosophy that PMS has espoused since its inception.

CIM

Much-Touted Harvard RVS Study In Labor; Expected Delivery Date: July 14

LEADERSHIP UPDATES ON THE STATUS OF THE HARVARD RVS PROJECT ARE COMMANDING MAJOR ATTENTION of medical society leadership now that the Congressionally-mandated study is nearing completion. Harvard will deliver its resource-based RVS report to the HHS Secretary on July 14. It subsequently must be transmitted to the Physician Payment Review Commission (PPRC) within 30 days for review and study. At that time the report will be made public. At a special meeting in Chicago the first week of April, AMA senior management and staff briefed Presidents and Chief Executive Officers of state medical associations on the report's methodology, AMA's advisory and consultative roles to Harvard, the chronology of future events surrounding the report and review of the problems inherent in the present physician payment system. January, 1990 is the earliest date that Congress could implement any RVS payment mechanism under Medicare and other federal programs. While Congress is committed to changing the present system it is by no means certain whether it will opt for an RVS approach, meeting participants were advised. Some favor a capitation or other arrangements. A similar briefing for physician leadership and staff of the national medical specialty societies is being scheduled. During the week of March 27th Harvard convened a consultative

meeting where the study's methodology was reviewed and suggestions were elicited from the approximately 150 participants. They included 49 physicians representing the national medical specialty societies whose services are directly involved in the present phase of the study; representatives from business, government and insurance companies; and members of the advisory board to Harvard. Since the study was initiated in January, 1986, Congress has ordered that it be expanded to include other specialties. Harvard has submitted a grant proposal to do this, but it has not yet been formally approved.

THE AMA AND THE FEDERATION MUST CAREFULLY ASSESS THE RVS that Harvard has developed and consider the numerous other factors attendant to the use of an RVS in determining payment before it can determine whether to support the concept, James H. Sammons, M.D., AMA's Executive Vice President, stressed at the state medical association gathering in Chicago. For the moment, he said, it is a research project—one that is clearly needed and that will make an important contribution to research on physician payment. Harvard is analyzing the resource costs of the services provided by 17 major specialties and sub-specialties that account for substantial physician reimbursement under Medicare. AMA's position is that a schedule of payments based on an appropriate RVS could provide the basis for a more acceptable Medicare reimbursement system than would DRGs, capitation or piecemeal revisions like those exemplified by "inherent reasonableness" rules and Maximum Allowable Actual Charges.

THINGS TO WATCH:

PPRC PROPOSES FEE SCHEDULE

The Physician Payment Review Commission (PPRC) recommended on April 5th that Congress establish a national Medicare physician fee schedule based upon a relative value scale.

In proposing the new system, the subject of considerable discussion within the profession for the last two years or so, PPRC said it should allow for geographical differences in the cost of practicing medicine. Its detailed report was the second that the advisory body had made to Congress.

In its initial report made about a year ago PPRC had advised that some kind of fee schedule is needed.

By late summer the panel will be scrutinizing the Harvard RVS study now nearing completion after about 30 months of study and supported by AMA data and consultative advice.

CMS will be carefully monitoring the PPRC and members of CMS leadership will keep the membership informed of any developments. CMS President Theodore Sadler, MD., and Executive Director Harold Frye attended the AMA RVS briefing and will have a complete report on the meeting.

The AMA has reiterated its concerns about peer review organization program shortcomings and called for elimination of the new PRO "bounty system," in separate communications to government officials.

In a letter to William L. Roper, MD, HCFA administrator, James H. Sammons, MD, AMA executive vice president, stated that the PRO program appears to be placing "an undue emphasis on reducing Medicare costs, as opposed to ensuring that beneficiaries receive high quality care" and is also inconsistent in its physician reviewer decisions.

In a second letter, to Richard P. Kussrow, HHS inspector general, Dr. Sammons called for ending the newly implemented PRO "bounty system" through which high-level employees receive bonuses based on the number of PRO sanctions they impose and the amounts they recover in assessing financial penalties upon physicians. This system "violates the due process rights of physicians by injecting a personal financial interest in favor of sanctions" since those employees eligible for bonuses have the authority to exclude physicians from Medicare or to impose substantial monetary penalties upon physicians, Dr. Sammons noted.

The AMA's Division of Legislative Activities has prepared a detailed summary of Medicare, Medicaid, and other health-related provisions in the Omnibus Budget Reconciliation Act of 1987. This book is \$17 for AMA members; \$20 for non-members. To order, call the AMA tollfree, (800) 621-8335; in Illinois, call collect (312) 645-4987. Master charge and Visa accepted.

The AMA has submitted statements for the record expressing concern over the impact of Medicare cuts on the quality of care and opposing additional reductions in letters to the chairmen of the House and Senate budget committees. Both the House Select Committee on Aging and the House Ways and Means Committee have held hearings

on the impact that reductions in Medicare hospital reimbursement have had on the quality of and access to care.

The AMA has called upon medical society leadership to urge support for AMA amendments that would prohibit restrictions on a physician's ability to prescribe drugs under HR 2470, the Medicare catastrophic benefits bill.

In an urgent AMA legislative "call to action," state medical associations and national medical specialty societies were asked in mid-March to contact conferees from their states. The AMA supports catastrophic coverage, but is concerned about the outpatient drug benefit provision of the Senate version of the bill, which would require the HHS secretary to establish standards for the prescribing, dispensing, and utilization of each drug covered.

In a letter to Rep. Dan Rostenkowski (D, Ill.), chairman of the House Ways and Means Committee, the AMA's Dr. Sammons strongly suggested that amendments were in order to correct shortcomings in the Senate bill's drug provisions. Dr. Sammons also expressed the Association's strong support for means testing provisions of the bill to vary premiums according to levels of income.

Rostenkowski has predicted that a compromise bill will reach the Senate floor following the congressional recess in April.

"Health Legislative Issues" is a new publication that succinctly describes the AMA's views on dominant federal and state legislative issues. Prepared by the Division of Legislative Activities, the publication provides for each of the issues a brief background, recent legislative and/or other governmental activity, and the AMA's position. Copies are being distributed to state medical associations, county medical societies, and the national medical specialty societies. For single additional complimentary copies, contact the AMA Division of Legislative Activities.

C/M



Harry R. Hahn, M.D.

The doctor recognized worldwide for his contributions to the field of spinal cord and head injury rehabilitation, Dr. Harry R. Hahn, died March 26, 1988.

Dr. Hahn was a member of the Craig Hospital medical staff for 17 years; he was formerly a member of the medical staff of Swedish Medical Center, Porter Hospital, St. Anthony Hospital, Spalding Rehabilitation Center, and the University of Colorado medical Center. He was a member of the Board of Directors of the Arapahoe Medical Society and a member of the Colorado Medical Society for 14 years.

Through his work with patients, physicians and the insurance and reinsurance industry, spinal cord and head injury became a recognized specialty in the rehabilitation field. A native of Logansport, Indiana, Dr. Hahn received his bachelors degree from the University of California at Berkeley and his M.D. degree from the University of California School of Medicine in San Francisco. During his tenure at Craig Hospital, Dr. Hahn trained 29 physician residents and seven physician fellows in spinal cord and head injury specialization.

"Dr. Hahn was instrumental in shaping Craig Hospital as an international leader in spinal cord and head injury rehabilitation," said Dennis J. O'Malley, Craig Hospital president. Daniel P. Lammertse, M.D., Craig's current medical director, said "Though Craig is a small hospital, there are hundreds of lives touched by those who work here," and Dr. Hahn will be especially remembered "by those whom he helped most...his patients."

C/M

April: "Cancer Control Month"



President Reagan honored the recipients of the 1988 Cancer Courage Awards in a White House ceremony. Gathered at the Rose Garden event were 60 cancer survivors from across the country, each one recognized by the American Cancer Society for his or her courage and triumph in their struggle. With the President were (l) Dr. Harmon Eyre, President of the American Cancer Society; Kathleen Horsch, Chairman of the American Cancer Society; Mrs. Reagan.

Each year, the President or Mrs. Reagan has presented the Cancer Courage Award to a celebrity who represents a personal conquest over cancer. This year, in honor of the 75th anniversary of the American Cancer Society, the organization chose 57 award winners, one from each of their divisions. The President also presented Mrs. Reagan with a Cancer Courage Award for her bravery in overcoming cancer. In addition, three Special Cancer Courage Award winners were honored: actress Jill Ireland; singer Connie Haines; and 10-year-old Jason Gaes, author of *My Book for Kids With Cansur*. The 60 award recipients were in Washington, D. C. for a two-day "Celebration of Life" sponsored by the American Cancer Society.

At the same ceremony, President Reagan proclaimed April "Cancer Control Month."

Evaluation Plan for the 1988 Mammography Screening Project

More than 1,500 Colorado women will be diagnosed with breast cancer in 1988, according to estimates of the Colorado Central Registry of the State Health Department. Nearly half of those cancers will have already spread beyond the breast. Those cancers diagnosed at the "regional" and "distant" stage require more extensive treatment and leave these women with a poorer chance to survive than if they had been detected earlier (see chart). "Early detection of breast cancer is essential," says Dr. Thomas Vernon, executive director of the State Health Department, "if we are to prevent this heavy toll of suffering on our citizens."

Vernon and his staff have been working with the American Cancer Society to design an evaluation plan for this spring's Mammography Screening Project. "We know from programs around

the country that mammography is effective in detecting breast cancer at the earliest stages, and we want to document that with Colorado data from the Cancer Society's project," Vernon said. Every woman who participates in the American Cancer Society Mammography Screening will provide data on medical history, breast care practices, and reasons why she decided to have a mammogram. Answers will help the American Cancer Society and the Health Department determine which factors motivate women to be screened. Future planning for mammography screening will then be able to target unscreened women with effective marketing and promotional methods.

Reports from participating radiologists and data from the Central Cancer Registry will allow the State Health Department to substantiate the earlier

detection of breast cancer in the project than the state average. Ed DeAntoni, director of the Cancer Control Program in the Colorado Department of Health, hopes that with good publicity and increased public awareness, many already existing undiagnosed breast cancers will be detected as well as many breast cancers that otherwise would not be diagnosed until 1989 or 1990. Treating these cancers quickly will allow those women to lead full normal lives. "With the fine cooperation of the many medical professionals throughout Colorado, we also hope to show that mammography screening is a cost-effective method of limiting the economic as well as the human costs of breast cancer," DeAntoni added.

CM

MEDICO-LEGAL NEWS

Prepared for the Board of Directors and members of Colorado Medical Society by the legal firm of Montgomery Little Young Campbell & McGrew, counsel to the CMS.

These articles are intended, in part, to alert the physician to potential problems with certain business relationships. Look before you leap and see your lawyer before you sign. The Colorado Medical Society does not provide legal advice and these columns are for general information only. For help with specific problems, readers should consult an attorney.

EXPERT WITNESS FEES

With the increasing involvement of medical issues in litigation, physicians are being called upon more frequently to provide expert testimony either in deposition or at trial. In some cases, disputes arise over the amount of ultimate responsibility for the physicians' expert witness fees. As a result we are often asked, "What is the standard in the profession?" Responding to this question is difficult because there really is no absolute standard. By statute in Colorado, an expert witness has a right to reasonable compensation for his testimony. What is reasonable and who shall pay this compensation still remains a question.

To resolve some of these issues, the Colorado Medical Society, Denver Medical Society, Colorado Bar Association and Denver Bar Association endorsed an Interprofessional Code. This Code attempts to define some of the

issues involved and to find a courteous and workable relationship between the two professions. However, the Code itself is only a guide and is phrased in general terms. The standards it contains are not true standards, but rather proposed standards for the interrelationship between professions.

An expert witness may reasonably expect to be compensated for his testimony. The attorneys should also try to accommodate the physician's schedule to the extent possible. Because it is often impossible to predict the schedule of trial, what may appear as harassment and impatience on the part of the attorneys is really a matter of concern for the lawyers involved. Technically, a physician can simply be served with a subpoena which requires the physician to provide testimony on a particular date. In practice, the lawyers generally attempt to set a convenient time and make arrangements for the payment of fees ahead of time.

It is impossible for an attorney to guarantee the exact timing of a witness in a trial. Thus, the physician called upon to testify should plan to be available at least half a day (unless more is requested) in order to accommodate the irregularities of trial. Both the attorneys and the court understand the inconvenience this causes and will make attempts to accommodate the physician's schedule if possible. The physician should under-

stand that he or she does not have the right to choose the time and place of testimony and, like any witness, is subject to summons by subpoena. Attorneys are expected not to abuse the subpoena.

The fees charged by a physician for testimony should be reasonable. *A physician is not expected to assume a loss or make a profit in exchange for providing testimony.** In addition to providing expert testimony in court, the expert witness commonly participates in one or more depositions. Usually a party taking the deposition is responsible for time spent traveling to and from the deposition, deposition time and post-deposition time spent reviewing and correcting the deposition. The party who actually retains or endorses the expert witness is generally held responsible for the cost of the time spent preparing for the deposition. All of these costs and fees should be agreed upon in advance of the deposition.

The Colorado and Denver Bar Associations have set up an interprofessional dispute resolution committee which is available to resolve disputes which arise between the professions. However, a greater knowledge of the interrelationships between the two professions, familiarity with the Interprofessional Code and frank discussion in advance of any testimony will help to avoid many disputes and resolve conflicts before they arise.

CIM

**Bold-italics added by editor for emphasis.*

ARE YOU TOTALLY FAMILIAR WITH THE 40 YEAR OLD "COLORADO CODE OF COOPERATION?"

As a member of the Colorado Medical Society, it is important that you know the details of the ***Public Information Guidelines for Colorado Hospitals, Physicians and News Media..***

The "Colorado Code of Cooperation" was created in April, 1948, principally by an action of the CMS House of Delegates. It is a cooperative program that has been widely copied across the United States and is a program that CMS member physicians should be proud of and fully participatory. If you are not aware, contact the CMS Department of Communications today for complete details.

board of directors condensed minutes

Condensed Minutes of the meeting of the Board of Directors, CMS Offices, Denver, CO on Friday, March 25, 1988

**LEGISLATIVE
UPDATE:**

Received an update on the status of SB 143, Health Care Availability, which should be heard Tuesday, March 29, or Wednesday, March 30. CMS will also be monitoring a new bill about the Board of Medical Examiners which would increase the size of the Board and include a registered nurse.

**PERSONAL CARE
PROGRAM:**

Received a report that 710 physicians have signed up for this program to date. *Physicians are urged to participate.* Call Sandi Maloney for additional information.

ETHICS COMMITTEE:

The Committee on Ethics shall work under the American Medical Association "Principles of Medical Ethics" and the Current Opinions of the Council on Ethical and Judicial Affairs of the American Medical Association. It shall provide information and assistance on medical ethical issues. The Committee shall provide on-going assessment and guidance to the Colorado Medical Society regarding emerging medical ethical issues.

Approved the following charge to the Committee on Ethics which will be chaired by Dr. Meredith "Bud" Miller:

**ROTATION OF
PRESIDENT-ELECT
POSITION:**

Discussed current policy with regard to rotation of President-Elect position. The Board recommended that the Nominating Committee be reminded that while the President-Elect should be selected on a rotating basis, if there is no one in the region who wishes to run, the Nominating Committee can ask other regions to nominate candidates.

**ATTENDANCE AT
AMA MEETINGS:**

Adopted a policy which states that a delegate or alternate delegate to the AMA who misses two consecutive meetings of the AMA House of Delegates should be considered to have tendered his resignation.

HOD ACTIONS:

- a) Established a Task Force on Employed Physicians to determine the interest in forming a Section.
- b) Referred RES-16, Risk Pools for Uninsured and Mandatory Employer Coverage, to the Council on Socio-Economics to draft a policy to be brought back to the Board for further consideration prior to the 1988 Annual Meeting.
- c) Referred RES-5, Speakers' Bureau, to the Young Physician Section, with staff support from Bill Pierson, for implementation.

**NATIONAL
DATA BANK:**

Received information on proposed rules changes on the National Data Bank. Drs. Mooney and Butler volunteered to review and assist in preparing a response by May.

AMA RESOLUTION:

Approved submission to AMA a resolution with the following resolved:

That the AMA support the concept of a unified national reimbursement schedule for Medicare, with regional variation being restricted to truly demonstrable differences in the "cost of doing business."

- ANNUAL MEETING:** Discussed the location of the Annual Meeting for upcoming years. Board members are to seek a consensus from their districts and report back at the next Board meeting.
- SECTION REPORTS:**
- a) Received information on the HMSS "Project on Providing Peer Review and Credentialing Services." After review by legal counsel, it will be brought to the Board for consideration.
 - b) Referred a request from the Resident Physician Section for a seat on the CMS Board of Directors to the Organizational Study Committee.
- CMS APPOINTS NEW STAFF:** Colorado Medical Society is pleased to announce the appointment of three new staff. They are:
- Ms. Maryellen Moore, Director of Finance and Membership.**
 - Ms. Sharon Ponder, Executive Assistant, Physician Services.** She will be working primarily in the areas of physician sanctioning, peer review, and Medicare.
 - Mr. Chuck Wilkes, Assistant Executive Director for Administrative Services.**
- In addition, **Ms. Sandi Maloney** has been promoted to Assistant Executive Director of Physician Services.
- These individuals come to CMS highly qualified for their tasks and you will find them most willing to assist you.

CMS WORKING FOR YOU MAY CALENDAR

DATE	EVENT	TIME
MAY 2	Women in Medicine Section	6:30 pm
MAY 4	RMCHSA	4:00 pm
4	Worker's Compensation Advisory Committee	7:30 am
5	Medical Executives	10:00 am
5	Finance Committee	1:30 pm
5	Board Meeting	3:00 pm
MAY 10	Medicare Advisory Committee	6:30 pm
11	Committee on Maternal & Child Health	12:00 noon
13	Grievance Committee	12:00 noon
18	Task Force on AIDS	6:30 pm
19	Council on Physician/Patient Advocacy	3:00 pm
JUNE	SPECIAL ISSUE: COLORADO MEDICINE PHYSICIAN'S DIRECTORY-1988. There will be only one issue of Colorado Medicine in June, and this issue will be devoted entirely to the Physician's Directory.	
JULY 23-24	LEADERSHIP PLANNING CONFERENCE at Copper Mountain Resort	

The 1988 CMS Annual Meeting

will be held

September 14 through 17, at the Marriott City Center, 18th at California in downtown Denver.

The special Annual Meeting Issue of *Colorado Medicine* will be, as usual, in August; however, May and July issues will be carrying much of the meeting and program information, including hotel reservation forms, meeting and special events registration forms. Please watch for these, as this promises to be a very popular meeting and the earlier you register for rooms and programs, the better for everyone.

The first session of the Annual Meeting, **Meet The Candidates Night**, will be sponsored by COMPAC and CMS Auxiliary. This program will be held Wednesday evening, September 14th, and promises to be an excellent program. More details in future issues.

Long Term Care: Implications For Medical Practice

by Ora B. Plummer, Colorado Department of Health

Ora B. Plummer (University of New Mexico College of Nursing, Albuquerque; M.S., University of California at Los Angeles) is Educational Coordinator of the Health Facilities Division, Colorado Department of Health.

"In 1947 Doctor R. A. Asher, a British physician wrote an article entitled "The Dangers of Going to Bed." In it he describes what an "overdose" of bed rest can do: "Look at the patient lying long in bed. What a pathetic picture he makes! The blood clotting in his veins, the lime draining from his bones, the scybala stacking up in his colon, the flesh rotting from his seat, the urine leaking from his distended bladder and the spirit evaporating from his soul."¹

Every health professional would probably agree that the intolerable situation above demonstrates an example of neglect and maltreatment. Situations of neglect and maltreatment continue to motivate and encourage physicians to take a closer look at the plight of the elderly and the need for high quality care.

There are over 20 million people in the United States over 65. As the elderly population grows, professions naturally get concerned about their role in providing care. How have the professions responded to the need for role change in the past? The traditional roles of the professions, medical and nursing have undergone radical change. The roles are rapidly being redefined and they are requiring more responsibility and accountability. The whole thrust is on insuring quality patient care.

The profession of nursing established standards related to gerontological nursing practice in the 1960's. In the 1970's nursing school faculty began to integrate concepts of gerontological nursing practice into nursing curricula. Beginning

nursing students were exposed to long term care concepts. Likewise, medical school faculty became increasingly concerned about their role in increasing knowledge in the area of geriatric medicine. Expert care of the elderly demands the best skill known to medicine. A knowledge of the physiological changes common to the elderly population is necessary if physicians are to impact the quality of care.

*"...motivated physicians
concerned about the past
and present atrocities..."*

What is happening in the 1980's? "Geriatrics is becoming in the 1980's an area of concentration within internal medicine, family medicine, and psychiatry. The American Academy of Family Practice and the Board of Internal Medicine have decided to establish certificates recognizing geriatric competence."² Physicians are beginning to see the opportunities available to put theories into practice. Highly motivated physicians concerned about the past and present atrocities connected with nursing home care, continue to be challenged by the dearth of research in the area of gerontological medicine.

How many nursing homes are there in the United States? "There are 14,500

certified nursing homes in the United States that participate in the medicare and medicaid programs. An additional 1500 long-term care facilities are not part of the medicare/medicaid program."³

Although nursing home care has improved over the years, the "quality of medical and nursing care in many homes leaves much to be desired."⁴ Is this lack of quality due to the limited role of physicians? It has been noted that "although physician's roles in nursing homes are more limited than they are in hospitals, there is substantial concern that in many nursing homes physicians function in only a perfunctory or pro forma manner."⁵

The regulatory requirements address the expectations of physicians and their role in nursing home care. A complete medical history and physical assessment is required. A medical evaluation within forty-eight hours of admission or five days prior to admission is required. An assessment of functional ability is required. Physicians are expected to inform residents of their health and medical conditions unless a decision is made that informing the resident is medically contraindicated. Documentation regarding the contraindication is required. Physicians must allow residents the opportunity to participate in planning their care. Other requirements are: current medical findings, diagnoses, and orders for the immediate care of the patient. Physicians are expected to review plans of care and write progress

(Continued on following page)

notes in a timely manner. Ongoing assessments and evaluations on a periodic basis are components of ideal supervision of long-term care residents.

The current regulations also address the roles of the medical director. The medical director assists in the development, review, revision, and execution of patient care policies. The coordination, supervision and surveillance of medical care is the responsibility of the medical director.

Physicians fulfilling either role cannot give or supervise care without cooperating with other health care personnel. Working closely with the Director of Nursing who has the administrative responsibility for nursing service makes good professional sense.

Why would physicians choose to practice in long term care? Participating in long term care provides opportunities for physicians to teach, coordinate teams, execute patient care policies, and supervise the health care being delivered. Since long term care has begun to offer an environment conducive to accomplishing these functions, the challenge is before physicians to stop performing "in a perfunctory or pro forma manner."⁶ I challenge physicians to become more concerned about the elderly and to function in an identified role of responsibility and accountability. I challenge physicians to be key elements in introducing change in the nursing homes of today. If change is not introduced where needed, physicians who live long enough may someday be those patients "lying long in bed" deteriorating physically and mentally.

REFERENCES:

¹Ruth Stryker, *Rehabilitative Aspects of Acute and Chronic Nursing Care*, W.B. Saunders Company (Philadelphia:1972), p.25.

²Sidney Katz and others, *Improving the Quality of Care in Nursing Homes*, National Academy Press (Washington, D.C.: 1986), p.3.

³Robinson, Donald, *Parade* 16 Aug. 1987: 12.

⁴Sidney Katz and others, *Improving the Quality of Care in Nursing Homes*, National Academy Press (Washington, D.C.:1986), p. 186.

⁵Ibid., p. 186.

⁶Sidney Katz and others, *Improving the Quality of Care in Nursing Homes*, National Academy Press (Washington, D.C.: 1986), p.186.

COPIC COMMENT

CLASS CHANGES DRIVE LOWERED PREMIUMS

Premiums charged by COPIC are determined, to every extent possible, by experience derived from COPIC, Colorado loss experience. Our continued evaluation of rating classes - and the premiums charged - has uncovered two practice areas in which downward class changes are indicated, with the very pleasant effect of those changes being a lowering of the price of coverage:

FP/GP Assists at Surgery. Family doctors who assist in the operating room have been in Class 2 (relativity 2.5 X Class 1); evaluation of the exposures in that Class indicate a lower loss ratio, and therefore a move to lower classification. Upon completion of the current evaluation, probably in the 3rd quarter of 1988, family physicians whose only practice activity placing them in Class 2 is that of assisting in the operating room will see that classification decreased, probably to Class

1C (relativity 1.6 X Class 1); this change will produce a premium decrease for that coverage of approximately 36%.

Flexible Sigmoidoscopy. Losses associated with this procedure do not substantiate placing physicians in Class 2 based solely on the performance of this examination. Worse than that, if the price of coverage causes a withholding of such examination, adverse patient care may actually be the (undesired) outcome. To correct this, COPIC will classify physicians doing flexible sigmoidoscopy in Class 1, if that is the only procedure currently placing them in Class 2.

Physicians who think they may be affected by either of the above changes should alert the Underwriting Department at the time of annual policy renewal, for appropriate change in their classification.

Attention:

"New-to-Practice Physicians" Seeking Insurance

by Mary Hedin, Manager, COPIC Policyholder Services

As we approach the months of June, July, and August we are receiving more and more applications for "new to practice physicians" who are completing their residency and/or fellowship and who desire coverage to begin in June, July or August. Many of these new physicians are joining existing COPIC insured groups-particularly clinic and group practices.

We ask you to please advise these new physicians not to submit their application to COPIC more than 60 - 90 days in

advance of their desired effective date. COPIC maintains new applications on file for 90 days only. After 90 days a physician is required to complete a new application if coverage has not been activated.

As part of our initial underwriting review process, we desire and require that the most up to date information be reflected on an application. Thus, our 90 day requirement serves as a protection against any undesirable exposure for COPIC.



FROM THE COLORADO DEPT OF HEALTH

The Physician and Nursing Home-Acquired Infections

By the year 2000, the U.S. population aged 65-85 will be approximately 30 million and the population aged 85 and older will double from the current 2.6 million to approximately 5 million.

The annual incidence of nursing home-acquired infection is approximately 1.5 million according to the Centers for Disease Control. This compares to about 2.1 million infections in acute care hospitals.

The risk of infection in long-term care facilities is about 5-10% per resident-month. In a typical facility, this translates to approximately one infection per resident per year.

Nursing home-acquired infection presents unique problems for three reasons:

(1) Aging impairs immunity. Cell mediated immunity decreases with age, and it has been noted that skin test results are depressed in the elderly (anergy). Antibodies are produced in smaller amounts in response to both infective agents and immunizations in elderly subjects.

(2) The typical resident of a long term care facility has multiple underlying medical conditions that increase the risk of infection.

(3) Many nursing home patients receive medications that adversely affect resistance to infections (steroids, psychotropic agents, etc.). A confounding factor in recognizing and managing infections in the elderly is that infection often presents atypically, making diagnosis difficult. Nosocomial infection requires a reservoir for the infective agent and a means of transmission. Pathogens can be transmitted to residents from staff, other infected residents, visitors and the environment of the facility itself.

The types of infection acquired in nursing homes vary from institution to institution. The most common are urinary tract infections, respiratory tract infections, infected decubitus ulcers and gastroenteritis.

Urinary tract infections - Use of indwelling catheters is the most important factor in nursing home-acquired urinary tract infections. Antibiotic resistant strains of gram-negative organisms are less common in nursing homes than in hospitals but more common than in the community in general. The urinary tract is the leading site of gram-negative sepsis in the elderly. Nursing home residents who are incontinent of urine should be medically evaluated. Many elderly patients receive medications that can affect continence, e.g., psychotropic drugs, diuretics and agents that adversely affect the autonomic nervous system. Prophylactic use of antibiotics and antibiotic irrigation of urinary catheters should be avoided.

Respiratory tract infections - The incidence of pneumonia in nursing homes is several times that in the community. Pneumococci are the most common agent, with *Klebsiella*, *S. aureus*, *Hemophilus influenzae* and *Legionella* causing sporadic cases. Aspiration pneumonia is a major risk in elderly patients with altered mental status or abnormal swallowing reflexes. Nasopharyngeal colonization is associated with severe underlying disease and is thought to increase the risk of pneumonia.

Prevention of pneumonia centers around pulmonary hygiene, preventing colonization by limiting antibiotic use, avoiding aspiration and administering polyvalent pneumococcal vaccine.

Influenza outbreaks in nursing homes are common and severe. The Immunization Practices Advisory Committee recommends influenza vaccine for nursing home residents.

Tuberculosis is also a concern in nursing homes. Skin testing with PPD should be done on a resident's admission and periodically thereafter. Preventive therapy with isoniazid has been shown to be safe in elderly converters.

Infected decubitus ulcers - Decubitus ulcers occur in up to 30% of residents of long term care facilities. Most decubitus ulcers do not become infected. When infection does occur, it is dangerous and difficult to diagnose and treat. Mortality associated with bacteremia secondary to decubitus ulcers is 50%. Such infection is most often caused by *S. aureus*, aerobic gram-negative bacteria or anaerobic bacteria. Treatment usually involves transfer to a hospital, parenteral administration of broad spectrum antibiotics and surgical debridement.

Gastroenteritis - Infection must always be considered when diarrhea occurs in a nursing home, particularly when multiple cases occur within a short period of time. Salmonellae are responsible for most large outbreaks of gastroenteritis. *Clostridium perfringens*, shigella and certain serotypes of *E. coli* have also been associated with outbreaks.

Long-term care facilities have unique problems to address to control infection including a high rate of personnel turnover, a high percentage of nonprofessional staff, the nature of the patient population and a lack of good scientific studies in the field.

The table below lists the major components of an infection control program for nursing homes:

TABLE 1

**MAJOR COMPONENTS OF
INFECTION CONTROL
PROGRAM FOR
NURSING HOMES**

Surveillance (i.e., collection of data on infections)

Epidemic Detection

Education of staff on techniques of infection control

Review of antibiotic use

Updating of policies and procedures

Health program for staff

Health program for residents

The physician plays several key roles in infection control in the nursing home:

(1) The physician aids in alleviating the problem of the reservoirs of infection by treating established infections promptly and using antibiotics judiciously.

(2) The physician's attention and instruction in handwashing the proper isolation technique helps stop transmission.

(3) The physician maximizes host resistance by treating underlying medical conditions, minimizing use of invasive devices and providing recommended immunizations.

The problem of infection in long-term care facilities is likely to become more critical, not only because of the increasing percentage of elderly in our population but also because of the transfer of more acutely ill patients from hospitals to nursing homes in accordance with the current system of hospital reimbursement based on diagnosis-related groups (DRGs). Lastly, the increasing likelihood that nursing homes will play a role in caring for a mounting caseload of AIDS patients makes attention to infection control all-important.

C/M

Publication Describes Psychiatric and Substance Abuse Standards

CHICAGO, March 15, 1988--A set of four new publications from the Joint Commission on Accreditation of Healthcare Organizations is now available to assist healthcare professionals interpret Joint Commission psychiatric and substance abuse standards. The *Consolidated Standards Scoring Guidelines* describe the scoring system used by surveyors during an accreditation survey as well as the intent of the standards. The four volumes are:

- Patient Management,
- Quality Assurance and Monitoring Functions,
- Staff Organization, Qualifications, and Competency, and
- Therapeutic Environment and Patient Rights.

"The Joint Commission is often asked about the intent of its standards for free-standing psychiatric and substance abuse programs," said William Jessee, M.D., Joint Commission vice president for education. "These publications answer many of those questions by detailing the scoring system used to determine an organization's compliance level."

The four publications sell for \$105 as a set, or \$35 individually. For more information, or to order, contact the Joint Commission's customer service unit at (312) 642-6061, ext. 650.

C/M

New JCAH Home Care Standards Published

CHICAGO--The Joint Commission on Accreditation of Healthcare Organizations recently published new standards that will open voluntary accreditation to all home care organizations. *Standards for the Accreditation of Home Care* will be used to survey community-based and hospital-based home care organizations beginning June 1.

"While traditional home care organizations have been expanding, the number and variety of new home care organizations and services have been multiplying at a phenomenal rate," said Barbara McCann, director of the Joint Commission's Home Care Accreditation Program. "Our standards are unique because they apply to the traditional private duty nursing services and to expanding areas such as home infusion therapy and durable medical equipment services."

For ease of use, the standards have been divided into two sections. The first section contains seven chapters that apply to all home care organizations seeking accreditation:

- Patient/client rights and responsibilities
- Patient/client care
- Safety management and infection control
- Home care record
- Quality Assurance
- Management and administration
- Governing body

The second section contains four chapters that apply only to those organizations providing the specified services, whether directly or through a contract. These include:

- Home health services
- Pharmaceutical services
- Personal care and support services
- Equipment management

Standards for the Accreditation of Home Care costs \$30 and must be prepaid. To order, contact a customer service representative at the Joint Commission on Accreditation of Healthcare Organizations, 875 N. Michigan Avenue, Chicago, Illinois 60611, or call (312) 642-6061, ext. 650.

C/M

COLORADO

MEDICARE PARTICIPATION STATISTICS

FOR CALENDAR YEAR 1987

CODE	DESCRIPTION	NON-PAR	PAR	TOTAL	%PAR WITHIN SPECIALTY
01	GENERAL PRACTICE	518	225	743	30%
02	GENERAL SURGERY	332	122	454	27%
03	ALLERGY	49	18	67	27%
04	OTOLOGY, LARYNGOLOGY	117	27	144	19%
05	ANESTHESIOLOGY	316	39	355	11%
06	CARDIOVASCULAR DISEASE	189	72	261	28%
07	DERMATOLOGY	71	40	111	36%
08	FAMILY PRACTICE	687	275	962	29%
09	EMERGENCY ROOM	95	69	164	42%
10	GASTROENTEROLOGY	41	11	52	21%
11	INTERNAL MEDICINE	824	271	1095	25%
12	MANIPULATIVE THERAPY (DO's)	1	0	1	0%
13	NEUROLOGY	139	47	186	25%
14	NEUROLOGICAL SURGERY	57	11	68	16%
16	OB GYNECOLOGY	341	140	481	29%
18	OPHTHALMOLOGY	201	120	321	37%
20	ORTHOPEDIC SURGERY	234	122	356	34%
22	PATHOLOGY	90	45	135	33%
24	PLASTIC SURGERY	68	34	102	33%
25	PHYSICAL MEDICINE	33	18	51	35%
26	PSYCHIATRY	461	98	559	18%
28	PROCTOLOGY	5	4	9	44%
29	PULMONARY DISEASE	74	23	97	24%
30	RADIOLOGY	255	67	322	21%
33	THORACIC SURGERY	57	15	72	21%
34	UROLOGY	114	16	130	12%
37	PEDIATRIC	479	38	517	7%
38	GERIATRIC	2	3	5	60%
40	HAND SURGERY	4	2	6	33%
70	CLINIC	95	33	128	26%
88	UNKNOWN	0	1	1	100%
99	UNKNOWN	3	1	4	25%
TOTAL PHYSICIAN ONLY		5952	2007	7959	25%
19	ORAL SURGERY (DENTISTS)	1668	127	1795	7%
35	CHIROPRACTOR	676	112	788	14%
41	OPTOMETRIST	201	143	344	42%
48	PODIATRY	68	76	144	53%
49	AMBULATORY SURGERY CTR	12	0	12	0%
54	MEDICAL SUPPLY COMPANY	1456	182	1638	11%
59	AMBULANCE	115	60	175	34%
63	PORTABLE X-RAY SUPPLIER	3	4	7	57%
65	PHYSICAL THERAPIST	54	12	66	18%
69	INDEPENDENT LABORATORY	34	25	59	42%
86	HOSPITAL, NURSING HOME	87	0	87	0%
87	DRUG & DEPT STORES	15	0	15	0%
TOTAL NON-PHYSICIAN PROVIDER SPECIALTIES		4389	741	5130	14%
TOTAL ALL PART B PROVIDERS		10341	2748	13089	21%

colorado medicine

STACKS

May 1, 1988

Volume 85, Number 9

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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

Harold F. Frye, Executive Editor
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Medicare 1988 "MAAC" Reports Available

Each of you should have received a copy of your Customary MAAC limits for 1988. However, there are two additional reports that are necessary in order for you to comply with the MAAC regulations. You are urged to request the following reports immediately:

1988 Specialty MAAC Report 1988 Carrier-Wide MAAC Report

This information must be requested in writing, preferably by certified mail, return receipt requested. Route this communication to:

Ms. Linda Martinez
Reimbursement Specialist
Government Services
700 Broadway
Denver, CO 80273
303-831-2353

If you have not received your 1988 Customary MAAC Reports add this report to the above request.



You must utilize the charges as shown on the Customary MAAC Report first. If a particular procedure code cannot be found in this report, then refer to the Area Prevailing Specialty Report. (Please note that often times a procedure code will be found on both of these reports. You must use the figures from the Customary MAAC Report even though the charge shown on the Specialty Report may be higher.) No additional calculations are necessary, use the figures as shown on the MAAC Reports.

If you have procedures that do not show on either the Customary or Specialty MAAC Report, you must utilize the Carrier-Wide MAAC Report. In most cases, you will find the remaining procedure codes and money listed in this report.

Finally, if you are unable to locate a procedure code on any of these three reports, you may establish a customary charge for this service.

C/M

More Medicare Payment Changes in the Mill for July

EFFECTIVE JULY 1, Medicare will not pay a provider before 10 calendar days following receipt of a claim. This is a provision of the Omnibus Reconciliation Act of 1987, and will extend the current period of cash flow for some providers. HCFA standards still require intermediaries and carriers to pay 95 percent of clean claims within 26 days of receipt, and within 19 days for participating physicians. In fiscal year 1989, beginning October 1, these periods will be shortened to 25 and 18 days respectively. Electronically submitted claims will be paid more quickly than manually prepared claims.

Another "Thank You" to Colorado Physicians

CMS Survey Reaches All Corners of State's Medical PracticesProduces Valuable Results Concerning Doctor Needs

Thank you! To all physicians who responded to the Physician Opinion Survey. The Medical Society sought opinions from 1,825 Colorado physicians in March; not only CMS members, but non-members from the University, Kaiser Permanente and non-CMS COPIC insured. We received 875 responses, just under a 50% return, a very good sample from which to compile data.

The results from the Physician Opinion Survey are being tabulated by a

professional firm for the Strategic Planning Conference in May. Using your opinions the Conference will make important decisions about the direction of organized medicine in Colorado.

Thank you again for participating in the Colorado Physician Opinion Survey. We appreciate your taking the time to express your views and hope that we can better direct organized medicine and allow it to meet the needs of all Colorado physicians.

C/M

AMA Annual Meeting in Chicago June 26-30

Resolutions for the AMA's annual meeting June 26-30 in Chicago must be received by Wednesday, May 25, to assure their inclusion in the House of Delegates Handbook. However, all resolutions received by Friday, May 27, will be considered on time under the 30-day deadline rule.

All late resolutions, except those submitted by the five AMA sections and emergency resolutions, must be approved by a two-thirds vote of the AMA's House of Delegates before they can be considered.

Those state medical associations and national medical specialty societies whose houses adjourn during this 30-day period or during the week preceding it are exempted from the normal deadline provision. They are allowed seven days after adjournment to submit resolutions.

FCC Plan Shorted Out by AMA

The AMA has succeeded in eliminating a proposal by the Federal Communications Commission that would have substantially increased physician access costs to computerized databases.

The AMA expressed opposition to the FCC's plan because of the significant adverse effects on the quality and cost of health care services that could result. The Association pointed out that many hospitals and physicians rely on access to databases for up-to-date scientific and patient care information.

Membership UP With Increase in Female MDs

The Division of Membership reports the following for the period January-March, 1988: Significant membership gains occurred in the regular, housestaff, and medical student categories, which increased by 1.7%, 9.6%, and 16.3%, respectively, compared with the same period in 1987.

Demographic trends among AMA members show growth in the AMA's market share of female MDs, physicians younger than 45, and physicians who do not provide direct patient care.

Auxiliary Committee Chairmen Named for Coming Year

AMA Auxiliary President-elect Mary Strauss recently selected the following committee chairmen, each of whom will serve as a member of the 1988-89 Board of Directors and will assume their responsibilities upon the close of the annual session of the AMA Auxiliary House of Delegates, June 29: Cathie Martin, Michigan, AMA-ERF; Sheila Davis, South Carolina, bylaws; Velma Seif, Virginia, health projects; Mary Lynn Smith, Texas, legislation; Bev Kruger, Nebraska, long-range planning; and Mary Ann Deen, Oklahoma, membership.

C. Everett Koop, MD, to Keynote Annual AMAA Meeting

All physicians and their spouses are invited to attend the activities at the 1988 annual session of the AMA Auxiliary House of Delegates, June 26-29 in Chicago.

Guest speakers include U.S. Surgeon General C. Everett Koop, MD, who will present the keynote address at the opening meeting, June 26 at 5 p.m.; John S. Zapp, DDS, from the AMA Washington office, who will provide a briefing on federal health-related issues, June 26 at 10 a.m.; John McLaughlin, PhD, host of the television program "The McLaughlin Group," who will present "A Conservative's View from Washington" at a luncheon on June 27; and Jill St. John, actress, food editor, and culinary expert, who will speak on "Cooking: More than Just Food" at a luncheon on June 28. AMA President William S. Hotchkiss, MD, will address the group June 29, 8:30 a.m.

In addition, the meeting will include the installation of the 1988-89 AMA Auxiliary officers; briefings on AMA-ERF fund-raising, community health projects, legislation action, and membership recruitment and retention; and House votes on resolutions concerning a number of health issues, bylaws, and organizational affairs.

A SENATE IMPASSE CONTINUED INTO THE LAST WEEK OF APRIL on a proposed constitutional amendment for Congress to place limits on campaign contributions received by Congressional and Presidential candidates. The amendment was offered by Sen. Ernest F. Hollings (D-SC) as a means of legislatively circumventing a U.S. Supreme Court decision that Congress cannot restrict overall campaign contributions and independent expenditures for candidates. In several votes this week the full Senate failed to invoke cloture (a unique Senate procedure to terminate debate) following lengthy filibustering. In the latest attempt cloture failed by eight votes. Proponents of SJ Resolution 282 may make another attempt to invoke cloture and bring the amendment up for a floor vote.

HOUSE-SENATE CONFEREES HAVE INDICATED THEIR INTENT TO REACH FINAL AGREEMENT BY MAY 15 on a Medicare catastrophic benefits package that will reconcile substantial differences in the bills approved by the two Houses. House conferees this week made their offer for a compromise bill and the Senate has indicated it will respond late today with a counter-offer. Efforts to finalize a bill have been given impetus by a pending (early May) House floor vote on Rep. Claude Pepper's (D-FL) \$25 billion proposal to provide long-term care benefits to the chronically ill. The House and Senate catastrophic bills do not provide coverage for long-term care. Consequently, some influential organizations representing the elderly are pressing for Congressional rejection of a catastrophic bill and passage of the Pepper Bill instead. Congressman Pepper will continue to push for a floor vote on his proposal regardless of the status of the catastrophic bill.

REASONS FOR AMA'S VIGOROUS OPPOSITION TO LEGISLATION THAT WOULD SEVERELY RESTRICT PHYSICIAN DISPENSING of prescription drugs were presented in a letter delivered this week to all Members of the Senate. The communication from James H. Sammons, M.D., AMA's Executive Vice President, became necessary to correct misleading information that persistently has been circulated about AMA's position on the issue. The latest such misinformation was sent to Members of the Senate in a slick promotional package developed by the Coalition for Consumer Prescription Protections which is lobbying for legislation along the lines of H.R. 2168 that was introduced in the House by Rep. Ron Wyden (D-OR). That coalition is comprised of eight national groups, including pharmaceutical and retail druggist associations, consumer organizations and the National Council on Senior Citizens. In outlining AMA's position Dr. Sammons stressed the importance of setting the record straight.

"The AMA," he said, "believes strongly that there is absolutely no need for federal legislation in this area. Relatively few physicians dispense drugs on a regular basis and virtually no evidence exists that physicians are abusing their dispensing authority." Such legislation would be an unwarranted intrusion into an area that traditionally and properly has been the subject of state regulation, he pointed out. States are in the best position to determine whether laws or regulations to restrict dispensing are needed to meet local conditions and needs and to design or enforce any such potential restrictions. "...As a general rule," Dr. Sammons said, "physicians should prescribe and pharmacists should dispense, but with this important caveat: there are situations where physician dispensing is both appropriate and beneficial to the patient. Consequently the AMA believes emphatically that this prerogative must be preserved." He cited examples and

noted that the AMA has developed standards to guide physicians in determining when dispensing best serves their patients and also to provide an advisory framework for state boards of medicine in regulating physician practices.

HEARINGS ON THE WYDEN BILL WERE HELD LAST SPRING. The bill was approved by the Health Subcommittee and then ordered reported by the full Energy and Commerce Committee in June 1987. However, the bill has never been reported out of Committee. No counterpart bill has been introduced in the Senate.

IT WOULD BE PREMATURE FOR HCFA TO PUBLISH QUALITY ASSURANCE STANDARDS for diagnostic cytology laboratories before the Centers for Disease Control (CDC) and the private sector deliver their consensus report on standards, AMA has told the agency. AMA expressed its viewpoint in a letter to William L. Roper, M.D., HCFA Administrator, upon learning that the agency is considering early publication of standards in the *FEDERAL REGISTER* in response to problems that have been encountered with PAP test quality. James H. Sammons, M.D., AMA's Executive Vice President, pointed out that the CDC and every professional organization involved in exfoliative cytology are proceeding to formulate standards as an outgrowth of a CDC-sponsored conference in March on "state of the art in quality control measures for diagnostic cytology laboratories." Organizations who participated in that conference will meet early next fall to produce a consensus report presenting recommendations. Dr. Sammons urged HCFA to delay action until that report is presented since it would be more appropriate to promulgate a single set of quality assurance guidelines based upon the consensus report. He urged HCFA to take an active role in its development.

(Continued)

PHYSICIANS AND MEDICARE PATIENTS COULD, BY MUTUAL AGREEMENT, EXCLUDE THEMSELVES FROM THE PURVIEW OF THE MEDICARE PROGRAM for medical services under a bill introduced by Sen. Malcolm Wallop (R-WY). The measure, S. 2181, would permit patients to exempt themselves from present rigid Medicare restrictions on charges for physician's services by entering into private agreements not to seek payment under Medicare. Some patients have asked physicians to bill them at their usual and customary fee levels through arrangements that would be entirely outside the scope of the Medicare program, but this is prohibited under current law. Wallop's proposal would enable patients and physicians to enter strictly voluntary agreements where the patient would be allowed to accept personal responsibility for professional services charges that may be higher than those allowable under the Maximum Allowable Actual Charge (MAAC) program if they don't seek Medicare payment.

The AMA has endorsed S. 2181 as it did a similar bill that Sen. Wallop introduced in the last session of the 99th Congress. In a letter conveying this endorsement and expressing appreciation of his understanding of the present Medicare limitations, the AMA pointed out that HCFA has advised that a physician will be restricted to MAAC limits, even in those instances where a patient clearly desires to have care provided outside the scope of Medicare. This interpretation, it said, "effectively denies the concept of freedom to contract and it makes every physician who agrees to provide services to a Medicare patient, willingly or not, a provider under the Medicare program."

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by Michael Thompson, Staff
Ellen Stein, Director
Colorado Jail Health Care Project

Colorado State/CMS Jail Health Care Project Survey Indicates Concern for Training Jail Personnel

Preliminary results of a survey by the Colorado Jail Health Care Project indicate a recognized need for more training and education in health care for jail personnel. The results tally with similar concerns raised during a 1986 survey of Colorado Jails, say Jail Project staff.

The Colorado Jail Health Care Project, sponsored by CMS with state funding, seeks to augment health care in correctional settings, by providing information and support services to jail administrators and health care providers who operate in jail settings. This is an effort to improve the health care delivery to inmate populations. One of the goals of the project is to address the concerns of jail personnel through training and education. The survey was undertaken, in part, to provide the project staff with concrete information on the perceived needs of the correctional community with regard to health care.

The survey is not yet complete, but early results indicate a high degree of concern in the area of training for jail personnel. Jails have mentioned topics such as AIDS in correctional settings, dispensing of medication under pharmacy law, how to deal with the Mental Health patient, how and when to use EMT's in a jail setting, how to deal with a subject in need of drug or alcohol detoxification, and accreditation of jails through the National Commission on Correctional Health Care. The use of physician extenders in jails is another suggestion for upgrading the quality of health care.

Some of the larger jails in Colorado contract with physicians and employ nurses on a full time basis to provide health care in their facilities. Many of the smaller jails are limited to using a consulting physician as needed. Some jails merely contact the physician on call in a nearby clinic or Emergency Room. Others work from a rotating list of physicians in the local community. Those who have a regular consulting physician expressed satisfaction with the arrangement and even report consulting the physician for information and advice concerning policy issues in health care. An ongoing jail-physician relationship seems to have benefits for both parties. Some jails had no idea how to go about establishing such a relationship, and many had no law enforcement-health professional liasons in place.

Most jails were open to advice and assistance from the health care community. Health care related issues have increasingly become an area of interest and concern for jails. This is due in part to the growing recognition of the responsibility of correctional settings to provide health care to their inmate populations, the litigious tendencies of inmates and the number of lawsuits regarding health care issues. As a result, many jails are more than happy for any aid they can gain from health care professionals. Training sessions and seminars on health care topics might be a good way for physicians to make an impact on the correctional institutions, benefit the community, and perhaps enter a relationship where they could regularly provide health services to a jail.

The Colorado Jail Health Care Project will be continuing this survey and developing methods of meeting the needs raised in the process. Any input by physicians or other health care providers would aid in this process. For more information, or to make suggestions, contact Project Coordinator Ellen Stein or Mike Thompson at (303) 779-5455 or 1-800-654 5653 or write in care of the Medical Society.

"Mini-Grant" used to Train Jail Officers in Health Care

The Colorado Jail Health Care Project, sponsored by CMS, has officially launched it's 1988 Mini Grant, said Ellen Stein, project Coordinator. According to Stein, "The intent of the Mini Grant program is to assist county jails in improving the health care delivery systems and their ability to meet the health care needs of their inmate population."

Last year Las Animas County used Mini Grant funds to provide training and education for their jail officers in health care. Sgt. of Detectives Robert Mooney said, "The entire Las Animas County Detention Staff is now certified in C.P.R. and First Aid." Sergeant Mooney also reported training in Advanced Suicide Prevention, and recognition of mental illness. Las Animas County was so happy with the results of last year's program, they have already submitted a grant proposal for this year.

The Grant paid for a new digital blood pressure monitor for Montrose County Jail and a VCR and television for training in Conejos County Jail. Elbert County used part of it's funds to get their new 23 bed facility started on the road to accreditation by the National Commission on Correctional Health Care.

The grant is not large, and the amount has to be divided between several agencies in order to achieve the maximum benefit. Due to the number of responses last year, however, the grant amount has been increased in the hope that more significant improvements can be made in the health care provided by Colorado Jails.

Money from the grant may be used for purchases of equipment or educational materials or to make changes necessary to become accredited by NCCHC. Accredited jails may also use the funds to upgrade in order to meet the 1987

(Continued)

Jail Health Care

Mini-Grant (Continued)

revised standards of NCCHC. Jails may not use the money to pay outstanding medical bills. However, appropriate medical related services which are currently unavailable due to lack of funding may qualify for the grant. Physicians may wish to inform local jails of available medical services which might meet these requirements.

The Mini Grant is administered by the Colorado Jail Health Care Project, sponsored by CMS through the Colorado Division of Criminal Justice funding. The Project seeks to improve the medical care offered to inmate populations in Colorado through the use of education and information services to jail and health personnel and support in the area of accreditation. The project has seen 11 jails accredited in Colorado, another 12 have expressed interest in the process. For more information, contact Ellen Stein, Project Coordinator, at (303) 779-5455.

C/M

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Annual Meeting to be Held in Denver

The 1988 Annual Meeting of the Colorado Medical Society will be held September 14, 15, 16 and 17, Wednesday through Saturday.

"Meet the Candidates Night," sponsored by COMPAC and the CMS Auxiliary, will open the session. Thursday marks the first session of the House of Delegates as well as the General Membership Meeting. Reference Committees will convene on Thursday afternoon and Friday morning. The discussing the resource-based Relative Value Scale being developed by Harvard and the AMA which is scheduled to be released to the public in mid-August. The Education Program will be held on Friday afternoon and focus on the theme "The Physician and the Family" and will include timely topics on drug abuse, teenage suicide and adolescent depression, and caring for the elderly. Saturday

concludes the meeting with the final session of the House of Delegates. The Auxiliary will hold its Annual Meeting in conjunction with CMS.

First Time in Denver Since 1960

Recently nominated as President-elect of the American Medical Association, Alan Nelson, M.D. will be the keynote

speaker during the General Membership meeting. Dr. Nelson, is Chairman of the AMA Board of Trustees. He, along with a panel of Colorado physicians, will be The resource-based Relative Value Scale may have a significant impact upon physician reimbursement in years to come. All members are encouraged to be in attendance at this meeting.

Join your colleagues in downtown Denver at the **Marriott City Center** and take advantage of this time to visit the Art and Natural History Museums; take in a presentation at the Denver Center for Performing Arts or hear the Denver Symphony. Enjoy all that downtown Denver has to offer during the 1988 Annual Meeting.

If you have further questions please call the Meeting Coordinator at the Medical Society.

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Updates on Payments to Medical Providers and Hospital Utilization Review Program

by Janet Lappen, Cost Containment Program Manager
Colorado Division of Labor
and Dennis Waite, M.D., Medical Advisor, Colorado
State Compensation Insurance Authority

The State Compensation Insurance Authority is in the process of development of a full time medical pay unit which will handle payments to all medical providers. When the unit is fully functional, all bills will be fee scheduled in house which should reduce any delays in payment previously caused by use of an outside agent to perform this task. In addition, the proximity of the unit to and its supervision by the claims division should further facilitate timely payment.

During the past few months, several providers who see a large number of injured workers for our policyholders have asked us to review our payment procedure. Detailed review of their outstanding unpaid charges pointed out at least one significant procedural problem. If the attending physician's report and the billed charges are sent to us without the Authority's claim number (the one that begins with an 8) we have no way of processing the report or the charges. Without a file to place them in, the reports can be sent back to you or lost. With 60,000 new claims each year, there is no good way to store your report until a claim number is assigned. The most common reason for delay in assignment of the claim number is a delay in submission of a first report of injury by the employer. I suggest that you consider the following procedure:

1. If you do not have a claim number, hold the report and the charges until you do. When a number is assigned, a card is sent to the employer and the worker giving them the claim number. Your office personnel can call the employer for the number, which would also serve the dual purpose of stimulating him to send the first report of injury if he has not done so.

2. If the employer has identified you as the authorized treating physician on the injury report, we will send you a form called the ATTENDING PHYSICIAN'S REPORT. The form will contain the assigned carrier number. Attach your report or fill out the mailed report, attach your billed charges and mail them in. Our audits show that in this circumstance, the average time from our receipt of the bill to writing the check is less than 30 days.

The State Compensation Insurance Authority (SCIA), the largest Worker's Compensation insurer in Colorado has been developing and implementing a variety of cost containment activities over the past few years. One program which directly involves Colorado physicians who treat Worker's Compensation patients, is the Hospital Utilization Review Program.

The SCIA implemented a review of all their hospital admissions, lengths of stay and selected procedures in 1985. The Colorado Foundation for Medical Care (CFMC) performs Preadmission, In-hospital and Second Opinion Review for the Authority. *It is important to note that CFMC review determinations are binding for payment, therefore, if a hospital admission is deemed medically unnecessary or a surgical procedure is not confirmed, the care will not be reimbursed.*

Preadmission Review is required on all elective SCIA admissions and Colorado hospitals. The purpose of this review is to determine the appropriate use of the hospital setting. This review should be obtained by the treating physician at least 48 hours prior to the planned hospital admission by calling the CFMC at 333-3369 (1-800-362-2362 outside Denver Metro area). All reviews are conducted against medical criteria and

any cases not meeting criteria are referred to physician advisors. In the event that a CFMC physician advisor does not approve the medical need for a planned admission, the treating physician is notified and an appeal process is available.

Second Opinion Review is required on twenty-seven elective procedures. The review process is initiated by the treating physician calling CFMC with as much advance notice as possible, preferably ten days. The requested procedure is screened against established criteria and only when the case does not meet criteria is the patient referred to a physician for a second opinion. If a confirming opinion is not obtained, the patient will be referred for a third opinion. If the need for the procedure is not confirmed at this level, the Authority will not pay for the procedure. It is important to note that a very small percentage of cases ever reach the level of second and third opinions. Most cases are approved during the initial telephone review. *One of the important objectives of this process is to conduct reviews in a timely fashion and not to delay needed medical services.*

However, the maximum amount of advance notice becomes very important in those few cases where a second or third opinion is required.

In-hospital review is conducted on all SCIA hospital stays. The goal of this process is to assure that the patient's length of stay is appropriate.

All treating physicians should be aware that prior to obtaining any CFMC review, the claims adjuster at the SCIA should be contacted for authorization of the proposed treatment. It is the adjuster's responsibility to assure that the treatment is related to the original injury and that the medical provider is authorized to care for the patient.

CIM

University Plans Law-Education Seminar on Health Issues

Problems in Law, Education and Public Health will be the focus of a one-day seminar sponsored by the Colorado State University on May 23, 1988. The program is designed for teachers, school administrators, public health officials, school board members, attorneys, and high school coaches.

Educators, lawyers, and health science practitioners of all degrees of experience will benefit from the up-to-date information in this seminar format.

The program will include these issues that affect teachers, school districts and health professionals:

- legal aspects of school control over student newspapers and student activities;

- athletic injuries;
- team membership dictated by gender;
- school liability -- duty, negligence, and liability of school districts;
- legal aspects of immunization programs;
- health problems, including AIDS;
- laws of search and seizure;
- effect of criminal laws in the schools;
- and other issues in law and public education.

Relevant court cases will be reviewed and trends in education law highlighted.

The seminar will be held on Monday, May 23, 1988, at the Marriott Hotel Southeast, 6363 East Hampden (at I-25).

Speakers include the following seasoned educators and lawyers:

Sherman G. Finesilver, Chief Judge, United States District Court, Denver.

Gerald A. Caplan, Esq.
Attorney at Law

Richard P. Koeppel, Ph.D.

Professor, Univ. of Colorado at Denver (former Superintendent, Cherry Creek School District.)

Stanley M. Cole, Ed. D.

Professor, Colorado State University

Sylvia M. Smith, Ed. D.

Principal, George Washington High School, Denver

For information, please contact Executive Direction, Inc., 377-4871, or Dr. Stanley M. Cole, Fort Collins, 491-6861.

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We hope to have this revision in place fairly soon. It is hoped that this will result in an automated system for annual certificate issuance that will simplify the process for all parties - yourself, hospitals, HMOs, PPOs, IPAs, etc. - requesting this information.

OSHA - CDC Guidelines on AIDS Protection for Health Care Providers

CMS Publishes Practice **"Standards for Protection"** Booklet

THE CMS Division of HEALTH CARE POLICY has prepared a complete compilation of rules and regulations from the Occupational Safety and Health Administration (OSHA) and their interpolation by the Center for Disease Control. These rules, **which are already in effect**, pertain to all employers of health care workers, including individual physicians. The CMS compilation will be published for the use of physicians and their staffs.

Colorado Medicine will carry the complete set of guidelines in the May 15, 1988 issue. Please watch for this special "pull-out" booklet which should be kept for reference to your own office management and operations.

Excerpting from the booklet, "Based on regulations and statutory provisions which make it the responsibility of employers to provide appropriate safeguards for health care workers who may be exposed to HBV and/or HIV the Occupational Safety and Health Administration (OSHA) ... has begun a program of enforcement to ensure that health care employers follow appropriate measures." Although the guidelines are already in effect, they may undergo further revision as a result of work being done at the federal level. The AMA has stated that they believe "the best strategy for reducing the risk of occupational transmission

This Month:

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GUIDELINES OF
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of blood-borne disease is implementation of the recommendations of the CDC for prevention of HIV transmission in health care settings." The AMA also expressed concern that while the OSHA guidelines are based on CDC recommendations, they are accompanied by an excess of administrative requirements. However, the Colorado Medical Society Council on Community Health Issues feels it is critical that physicians be fully aware of the responsibilities and how best to practice infection control to protect themselves, their staff and their patients. The booklet will give you an overview of the OSHA guidelines and recommendations by the Center for Disease Control (CDC).

The booklet will provide you an "Evaluation of Risk" section pertaining to tasks, work areas and staff, outlining exposure categories, engineering controls, work practices and protective equipment, staff training and education, and record keeping. The booklet also includes universal precautions to prevent transmission of HIV, environmental considerations for HIV transmission and handling of waste.

This booklet should be on the "most wanted" list in physician's offices.

C/M

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FAMILY PRACTICE, URGENT CARE: Internal medicine and Pediatrics. Practice opportunities available with growing multi-specialty group located in attractive suburban area next to new hospital scheduled for completion in March, 1989. Applicants must be BC or BE. Please send CV to ARLYN C. BAAK, Administrator, Littleton Medical Center P.C., 7750 S. Broadway, Littleton, CO 80122. 303-794-1234. 3/41588-4

OREGON: INTERNIST BC/BE need to join full person group in Oregon (dry part). Town of 13,000. Great place to live and work. CV to N. Sitz, M.D., 1100 Southgate, Suite 2, Pendleton, OR 97801. 503-276-1911. 2/4188-4

THE TOWN OF TRINIDAD COLORADO: is currently looking for a family practitioner/general practitioner and internal medicine specialist for private practice openings. Trinidad is located approximately 80 miles south of Pueblo, Colorado on the front range of the Rocky Mountains. The area enjoys an excellent climate with a great deal of recreational activities. Also skiing is available within 45 minutes at Cuchara Valley Ski Area. Interested individuals should contact Ron Shafer, Administrator, Mt. San Rafael Hospital, 410 Benedicta, Trinidad, Colorado 81082. 719-846-9213. 3/4188-6

RURAL SOUTHWESTERN COLO: Physician, experienced PA-C needed for two-clinic family practice in medically underserved area. Regular office hours with call shared by three providers. Base salary plus incentives, paid mal-practice and fringes. Send CV to Patricia Renn, Uncompahgre Combined Clinics, P.O. Box 535, Norwood, CO 81423. 303-327-4222. 2/41588-2

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"METRO DENVER": Large primary care group looking for B.C., F.P. to fill full-time and part-time positions in family practice/occupational medicine practice. Salary base plus incentives. Send CV to Medical Director, Romed Corporation, 4636 E. 9th Avenue, Denver, CO 80220. 2/41588-2

BEAUTIFUL COLORADO: Family practice, internal medicine and occupational physicians. Send CV to D. A. Franklin, M.D., Health Watch Medical Centers, 3400 Industrial Lane #A, Broomfield, CO 80020. 6/2188-12

OB/GYN, PEDIATRICS & INTERNAL MEDICINE: Practice opportunities available with progressive multi-specialty group. Excellent compensation and fringe benefit packages. Applicants must be BE or BC. Contact: Michael Cullen, M.D., Southern Colorado Clinic, PC 2002 Lake Avenue, Pueblo, CO 81004. 303-584-7171. 6/2188-12

OCCUPATIONAL MEDICINE: Experienced physician occupational medicine needed for well-established group practice in Colorado Springs. Send CV to: Bruce Minnear, Executive Director, Colorado Springs Medical Center, 209 S. Nevada, Colorado Springs, CO 80903. 2/3188-4

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FAMILY PRACTICE (BC/BE): Opportunity in eastern Colorado community of 10,000. Excellent OB potential. Join six member multi specialty staff associated with 40 bed JCAH Hospital. Forward CV to Administrator, Prowers Medical Center, 2101 South Memorial Drive, Lamar, Colorado 81052, or phone (719) 336-4343. 2/5188-3.

URGENT CARE PHYSICIAN: to join thirty physician, well established, multi-specialty group. Good starting salary with an incentive program. Practice situated in medium size city 45 miles north of Denver, Colorado. Contact: Denise M. Miller, MD, c/o Longmont Clinic, PC, 1925 Mountain View Ave., Longmont, CO 80501. 1/5188-2

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May 15, 1988

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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

Harold F. Frye, Executive Editor
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FROM THE COLORADO DEPARTMENT OF HEALTH

On April 27, 1988 Governor Roy Romer signed an executive order establishing the Prenatal, Labor and Delivery Care Commission of Colorado. The Governor charged the Commission to investigate the nature, causes and extent of prenatal, labor and delivery care problems in Colorado; to examine care services in other states to determine which programs have been the most successful and cost-effective; and to make recommendations to the Governor, the Legislature and the Department

of Health regarding new programs and changes in existing programs to assure universal, high quality, cost-effective care and mechanisms to pay for such care.

The Commission will be made up of approximately 35 individuals with expertise in the area of prenatal, labor and delivery care, and will include private citizens with interest in such care issues. The Society has been asked to designate a representative to the Commission.

Preliminary work by the Department of Health has shown that of the 55,142 babies born in Colorado in 1986, only 68% received adequate prenatal care (using the Institute of Medicine Index for adequacy of care). The Department of Health report further shows that the problem of prenatal care is not uniformly distributed among pregnant women in Colorado. Women without access to needed care are younger than average, more likely to be black or Hispanic,

poorly educated and more likely to reside in underserved rural communities of Colorado.

The following table gives a "profile" of such women:

Demographic Profile of High-Risk No-Prenatal-Care Pregnancies 1986 Births to Colorado Residents

Age:	3 times more likely to be under 20 years of age;
Race:	2-4 times more likely to be non-Anglo;
Education:	4 1/2 times more likely to have not completed the 12th grade;
Geography:	1 1/2 times more likely to reside in rural, southeast Colorado.

Adequate prenatal care has been shown to result in better outcomes of pregnancy -- fewer complications for the mother and her baby, fewer low weight births and lower neonatal death rates. In 1985 the Institute of Medicine published a report, *Preventing Low Birth Weight*, which stated, "...the overwhelming weight of evidence is that prenatal care reduces low birth weight. This finding is strong enough to support a broad national commitment to ensuring that all pregnant women in the United States, especially those at medical or socioeconomic risk, receive high quality prenatal care."

Access to prenatal care has deteriorated in this country for several years. According to the Institute of Medicine, the underlying cause of the problem is the nation's "...patchwork, non-systematic approach to making prenatal care services available...Without a structure of accountability, gaps in care will re-

main and efforts to expand prenatal services will continue to face major organizational and administrative difficulties."

Research has repeatedly shown that prenatal care is cost-beneficial. In 1984 the American Academy of Pediatrics summarized the published literature regard-

ing benefit-cost analysis of prenatal care and found estimates ranged from \$2-10 in savings for every dollar spent for prenatal care.

It is hoped the new Commission will be successful in its efforts to help solve this important medical care

problem.

C/M

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1988

by *H. R. Safford III, MD*
Chairman, Colorado Medical Political Action Committee

It is election year and membership in the Colorado Medical Political Action Committee (COMPAC) is at a seven-year low! Early reports indicate that the number of changes in the state legislature will be at an all-time high and we need your support to assure that adequate funds are available to assist in the campaigns of deserving candidates.

The COMPAC Board of Directors recognizes the fact that many persons may be unaware that their 1988 COMPAC membership has not been paid, and for that reason we are listing the names of the 1988 COMPAC members. Many thanks to each of you for supporting the financial arm of the CMS political effectiveness effort - if your name is not listed, we urge you to forward your contribution now to COMPAC, PO Box 17550, Denver 80217-17550. Sustaining membership - \$99.00; Active Physician - \$50.00, and CMSA - \$40.00.

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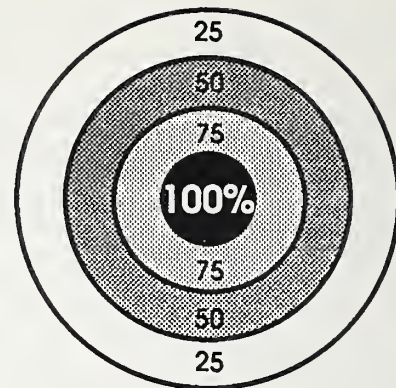
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participation '88

Targeting 100% Voter Involvement!



by W. Ben Galloway, M.D., co-chairman

The medical community should be congratulated on the excellent manner in which it responded to the request that physicians and spouses contact their legislators concerning the health care availability bill. Legislators responded to those contacts by passing the SB 143 in the Senate 24 to 9 and in the House 57 to 7.

Is our work now over for 1988? Absolutely not! An election year marks the beginning of a two-year cycle and determines whether we win or lose in the legislative arena during that period of time. The American public is becoming much more politically aware, and special interest groups - many of which are on the opposite side of medicine - know the benefits of early support of candidates. If the CMS and CMSA membership is not at the race line now, we will surely never get past the starting gate.

The state legislature will soon adjourn and many of those who supported our position on SB 143 will strike out on the campaign trail. Legislators remember the persons who assist in the early stages of their campaigns.

Thank those legislators...

Thank those legislators who supported us by calling and volunteering to work in their campaigns. In many cases, the opponents to SB 143 will be working to defeat those candidates.

Many good friends of medicine are resigning from the state legislature, and many more are facing strong opponents.


Now is the time to become acquainted with new candidates - if you do not take the time now to discuss your concerns regarding the practice of medicine and how your patients are being affected by government regulation, you cannot expect a positive response from that person when you ask for a vote once he/she is elected.

Participation in political campaigns can be adjusted according to your time constraints and personal talents. We urge you to call a candidate in your area and volunteer to host a coffee or cocktail party, walk blocks with the candidate and introduce him/her to your neighbors, serve on a health issues committee, or assist with mailings or telephone banks. Let's change an often-heard comment at the capitol, "I've never had a physician work in my campaign" to one that suggests that legislators understand our concerns because a physician/spouse shared those concerns when working on their campaign. C/M

Colorado Medicine for May 15, 1988



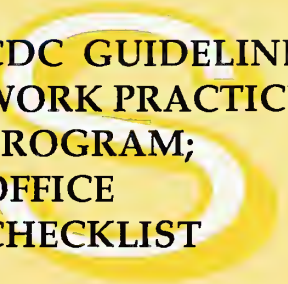
**PREVENTION
OF
OCCUPATIONAL
EXPOSURE:**



**WHAT EVERY
EMPLOYER OF
HEALTH CARE
WORKERS
NEEDS TO KNOW**



**OCCUPATIONAL
SAFETY &
HEALTH
ADMINISTRATION
(OSHA)
GUIDELINES**



**CDC GUIDELINES;
WORK PRACTICES
PROGRAM;
OFFICE
CHECKLIST**

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Comments on OSHA Guidelines

In August of 1987 the Centers for Disease Control published updated recommendations for prevention of HIV transmission in Health Care Settings. This document emphasized the need to treat all blood and body fluids as potentially infective and provided guidelines for protection of health care workers. In October of 1987 the Department of Labor and the Department of Health and Human Services mailed a joint advisory notice entitled "Protection Against Occupational Exposure to Hepatitis B Virus and Human Immunodeficiency Virus" to health care employers. This notice outlined precautions which should be adhered to by all employers of health care workers who may be exposed to HBV or HIV.

Based on regulations and statutory provisions which make it the responsibility of employers to provide appropriate safeguards for health care workers who may be exposed to HBV and/or HIV the Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor has begun a program of enforcement to ensure compliance by health care employers with CDC guidelines. The attached document represents OSHA guidelines for compliance with CDC recommendations. OSHA guidelines reflect precautions addressed by CDC recommendations and include other precautions and administrative details for consideration by health care employers.

Following is a summary of the information as presented in OSHA documents which is necessary to you as an employer of health care workers.

An Overview of the Guidelines

OSHA guidelines advise physicians and their staff to practice infection control to protect themselves and their patients.

As employers of health care workers, physicians are responsible for:

- Evaluating the potential risk of exposure to HBV and HIV for all health care employees based on the types of routinely and reasonably anticipated job-related tasks performed by each; (See page 2)
- Establishing a detailed work practice program which includes standard operating procedures for all tasks and work areas involving potential risk for exposure; (See page 4)
- Ensuring appropriate staff training in infection control; (See page 6)
- Provision of appropriate safeguards for use by staff; (See page 5)
- Monitoring effectiveness of and compliance with the work practice program and OSHA guidelines; (See page 7)
- Maintenance of records which document the above. (See page 7)

The general guidelines proposed by OSHA do not differ significantly from infection control procedures which have been utilized for years in the medical profession. In light of this, compliance with the bulk of the guidelines is probably already taking place. However, there are some details which may warrant your attention.

The AMA believes "the best strategy for reducing the risk of occupational transmission of blood borne diseases is the implementation of the CDC recommendations for prevention of HIV transmission in health care settings". (see supplement) In their comments to the Department of Labor the AMA suggested that the proposed OSHA regulations require administrative procedures which may impose an unwarranted excess of paper work.

While OSHA will most likely focus on large employers of health care workers such as hospitals, physicians' offices do fall within their purview. Please take a moment to review this document in its entirety.

It is your responsibility as an employer to provide a work environment which is free from recognized hazards which may cause death or serious physical harm to employees.

HOW TO BEGIN: EVALUATION OF RISK CATEGORIZATION OF TASKS

As the first step in determining what actions are required to protect worker health, every employer should:

- Evaluate all working conditions and the specific tasks that workers are expected to encounter as a consequence of employment.
- Classify work-related tasks into one of three categories of potential exposure (Table 1), as developed by the CDC.

These categories represent those tasks that require protective equipment to be worn during the task (Category I); tasks that do not require any protective equipment (Category III); and an intermediate grouping of tasks (Category II) that also do not require protective equipment, but that inherently include the predictable job-related requirement to perform Category I tasks unexpectedly or on short notice, so that these persons should have immediate access to some minimal set of protective devices.

This *exposure classification applies to tasks rather than to individuals*, who in the course of their daily activities may move from one exposure category to another as they perform various tasks.

"Exposure" (or "potential exposure") to HBV and HIV should be defined in terms of actual (or potential) skin, mucous membrane, or parenteral contact with blood, body fluids, and tissues. "Tissues" and "fluids" or "body fluids" should be understood to designate not only those materials from humans, but also potentially infectious fluids and tissues associated with laboratory investigations of HBV or HIV.

Factors that should be included in that evaluation of risk include:

- Type of body fluid with which there will or may be contact (e.g., blood is of greater concern than urine),
- Volume of blood or body fluid likely to be encountered,
- Probability of an exposure taking place
- Probable route of exposure (e.g., needlestick injuries are of greater concern than contact with soiled linens), and
- Virus concentration in the fluid or tissue. The number of viruses per milliliter of fluid in research-laboratory cultures may be much greater than in blood.

For individual Category I and II tasks, engineering controls, work practices, and protective equipment should be selected after careful consideration, for each specific situation, of the overall risk associated with the task.

EXPOSURE TABLE

TABLE 1. EXPOSURE CATEGORIES

CATEGORY I. Tasks that Involve Exposure to Blood, Body Fluids, or Tissues.

All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of them, are Category I tasks. Use of appropriate protective measures should be required for every employee engaged in Category I tasks.

CATEGORY II. Tasks That Involve No Exposure to Blood, Body Fluids, or Tissues, But Employment May Require Performing Unplanned Category I Tasks.

The normal work routine involves no exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment. Appropriate protective measures should be readily available to every employee engaged in Category II tasks.

CATEGORY III. Tasks That Involve No Exposure To Blood, Body Fluids, Or Tissues, And Category I Tasks Are Not A Condition Of Employment.

The normal work routine involves no exposure to blood, body fluids, or tissues (although situations can be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way. Tasks that involve handling of implements or utensils, use of public or shared bathroom facilities or telephones, and personal contacts such as handshaking are Category III tasks.

WORK PRACTICES PROGRAM

Engineering controls, work practices, and protective equipment appropriate to the task being performed are critical to minimize HBV and HIV exposure and to prevent infection. Adequate protection can be assured only if the appropriate controls and equipment are provided and all workers know the applicable work practices and how to properly use the required controls or protective equipment.

Therefore, employers should establish a detailed **work practices program** that includes:

- Standard Operating Procedures (SOPs) for all tasks or work areas having the potential for exposure to fluids or tissues, SOPs should include:
 - mandatory work practices for the safe completion of each Category I and II task.
 - guidelines for the use of protective equipment for each Category I and II task.
- A worker education program to assure familiarity with work practices and the ability to use properly the controls and equipment provided.

The Centers for Disease Control recommend the use of “universal blood and body fluid precautions” in the care of all patients since medical histories and examinations can not reliably identify all patients infected with HIV or other blood-borne pathogens.

ENGINEERING CONTROLS

Whenever possible, engineering controls should be used as the primary method to reduce worker exposure to harmful substances. The preferred approach in engineering controls is to use, to the fullest extent feasible, intrinsically safe substances, procedures, or devices. Substitution of a hazardous procedure or device with one that is less risky or harmful is an example of this approach, e.g., a laser scalpel reduces the risk of cuts and scrapes by eliminating the necessity to handle the conventional scalpel blade.

Isolation or containment of the hazard is an alternative engineering control technique. Disposable, puncture-resistant containers for used needles, blades, etc., isolate cut and needlestick injury hazards from the worker. Glove boxes, ventilated cabinets, or other enclosures for tissue homogenizers, sonicators, vortex mixers, etc. serve not only to isolate the hazard, but also to contain spills or splashes and prevent spatter and mist from reaching the worker.

After the potential for exposure has been minimized by engineering controls, further reductions can be achieved by work practices and, finally, personal protective equipment.

WORK PRACTICES PROGRAM

STANDARD OPERATING PROCEDURES

For all identified Category I and II tasks, the employer should have written, detailed Standard Operating Procedures (SOPs). SOPs should include mandatory work practices and protective equipment for each category I & II task. All employees who perform Category I or II tasks should have ready access to the SOPs pertaining to those tasks.

WORK PRACTICES

- Work practices should be developed on the assumption that all body fluids and tissues are infectious.
- Work practices should include provision for safe collection of fluids and tissues and for disposal in accordance with applicable local, state, and federal regulations. Provision must be made for safe removal, handling, and disposal or decontamination of protective clothing and equipment, soiled linens, etc.
- Work practices and SOPs should provide guidance on procedures to follow in the event of spills or personal exposure to fluids or tissues. These procedures should include instructions for personal and area decontamination as well as appropriate management or supervisory personnel to whom the incident should be reported. Handwashing should be emphasized.
- Work practices should provide specific and detailed procedures to be observed with sharp objects, e.g., needles, scalpel blades. Specific work practices should be provided for appropriate disposal of items and for the protection of personnel responsible for disposal or processing of items for reuse. Puncture-resistant receptacles must be maintained in a sanitary condition, should be clearly marked and readily accessible for depositing materials after use. Contaminated objects should be placed in impervious bags and double bagged as appropriate.
- Work practices should include guidelines for the use of barrier techniques such as protective gear and equipment

PERSONAL PROTECTIVE EQUIPMENT

Based upon the fluid or tissue to which there is potential exposure, the likelihood of exposure occurring, the potential volume of material, the probable route of exposure, and overall working conditions and job requirements, the employer should provide and maintain personal protective equipment appropriate to the specific requirements of each task.

For workers performing Category I tasks, a required minimum array of protective clothing or equipment should be specified by pertinent SOPs. All Category I tasks do not involve the same type or degree of risk, and therefore all do not require the same kind or extent of protection. Specific combinations of clothing and equipment must be tailored to specific tasks. Minimum levels of protection for Category I tasks in most cases would include use of appropriate gloves. If there is the potential for splashes, protective eyewear or face shields should be worn. Paramedics responding to an auto accident might protect against cuts on metal and glass by wearing gloves or gauntlets that are both puncture-resistant and impervious to blood. If the conditions of exposure include the potential for clothing becoming soaked with blood, protective outer garments such as impervious coveralls should be worn.

For workers performing Category II tasks, there should be ready access to appropriate protective equipment, e.g., gloves, protective eyewear, or surgical masks, specified in pertinent SOPs. Workers performing Category II tasks need not be wearing protective equipment, but they should be prepared to put on appropriate protective garb on short notice.

STAFF TRAINING

It is essential for both the patient and the health-care worker to be fully aware of the reasons for the preventive measures used. Therefore, worker education programs should strive to allow workers (and to the extent feasible, the clients or patients) to recognize the routine use of appropriate work practices and protective equipment as prudent steps that protect the health of all. The training program should ensure that all workers:

- Understand the **modes of transmission** of HBV and HIV.
- Can recognize and differentiate **Category I and II tasks**.
- Understand the basis for the selection and the types of **protective clothing and equipment generally appropriate for tasks**.
- Know appropriate actions to take if unplanned Category I tasks are encountered.
- Are familiar with and understand all the requirement for **work practices and protective equipment specified in SOPs** covering the tasks they perform.
- Know the **location, proper use and handling, decontamination and disposal** of protective clothing and equipment.
- Know the **limitations** of protective clothing and equipment.
- Know the **corrective actions** to take in the event of spills or personal exposure to fluids or tissues, the appropriate reporting procedures, and the medical monitoring recommended in cases of suspected parenteral exposures.

OPTIONS FOR EDUCATION

Each medical office should determine the type of educational program best suited to meet the needs of its staff. As OSHA guidelines require that training be regularly repeated but provide no further clarification, initial training should be provided for all current health care employees. Orientation for new staff should include infection control information. Training programs should be repeated to keep all employees updated. Documentation as to who was trained and the frequency of programs should be maintained.

Staff meetings or other forms of office communications should meet OSHA requirements as long as they incorporate the guidelines previously presented and they are documented as to date, content, educator, and attendance.

If the employer determines that Category I and II tasks do not exist in the workplace, then no specific personal hygiene or protective measures are required. However, these employers should ensure that workers are aware of the risk factors associated with transmission of HBV and HIV so that they can recognize situations which pose increased potential for exposure to HBV or HIV (Category I tasks) and know how to avoid or minimize personal risk.

WORK PRACTICES PROGRAM

MEDICAL PROVISIONS

In addition to any health-care or surveillance required by other rules, regulations, or labor-management agreement, the employer should make available at no cost to the worker:

1. **VOLUNTARY HBV IMMUNIZATION** for all workers whose employment requires them to perform Category I tasks and who test negative for HBV antibodies. Detailed recommendations for protecting health-care workers from viral hepatitis have been published by the CDC. These recommendations include procedures for both pre- and post exposure prophylaxis, and should be the basis for the routine approach by management to the prevention of occupational hepatitis B.
2. **MONITORING**, at the request of the worker, **FOR HBV AND HIV ANTIBODIES** following known or suspected parenteral exposure to blood, body fluids, or tissues. This monitoring program must include appropriate provisions to protect the confidentiality of test results for all workers who may elect to participate.
3. **MEDICAL COUNSELING** for all workers found, as a result of the monitoring described above, to be seropositive for HBV or HIV. Counseling guidelines have been published by the Public Health Service..

RECORDKEEPING

If any employee is required to perform Category I or II tasks, the employer should maintain records documenting:

1. The administrative procedures used to classify job tasks. Records should describe the factors considered and outline the rationale for classification.
2. Copies of all SOPs for Category I and II tasks, and documentation of the administrative review and approval process through which each SOP passed.
3. Training records, indicating the dates of training sessions, the content of those training sessions along with the names of all persons conducting the training, and the names of all those who received training.
4. The conditions observed in routine surveillance of the workplace for compliance with work practices and use of protective clothing or equipment. If noncompliance is noted, the conditions should be documented along with corrective actions taken.
5. The conditions associated with each incident of mucous membrane or parenteral exposure to body fluids or tissue, an evaluation of those conditions, and a description of any corrective measures taken to prevent a recurrence or other similar exposure.

Centers for Disease Control
RECOMMENDATIONS FOR PREVENTION OF HIV TRANSMISSION IN HEALTH CARE SETTINGS

PRECAUTIONS TO PREVENT TRANSMISSION OF HIV
Universal Precautions

1. All health-care workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous-membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous-membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. All health-care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needlestick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand. After they are used, disposable needles and syringes, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.
4. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
5. Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.
6. Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant; however, if a health-care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of transmission.

Implementation of universal blood and body fluid precautions for all patients eliminates the need for use of the isolation category of "Blood and Body Fluid Precautions" previously recommended by CDC for patients known or suspected to be infected with blood-borne pathogens. Isolation precautions (e.g. enteric, "AFB") should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

CDC RECOMMENDATIONS

Precautions for Invasive Procedures

1. All health-care workers who participate in invasive procedures must routinely use appropriate barrier precautions to prevent skin and mucous-membrane contact with blood and other body fluids of all patients. Gloves and surgical masks must be worn for all invasive procedures. Protective eyewear or face shields should be worn for procedures that commonly result in the generation of droplets, splashing of blood or other body fluids. All health-care workers who perform or assist in vaginal or cesarean deliveries should wear gloves and gowns when handling the placenta or the infant until blood and amniotic fluid have been removed from the infant's skin and should wear gloves during the post-delivery care of the umbilical cord.
2. If a glove is torn or a needlestick or other injury occurs, the glove should be removed and a new glove used as promptly as patient safety permits; the needle or instrument involved in the incident should also be removed from the sterile field.

Precautions for Dialysis

Patients who have end-stage renal disease who are undergoing maintenance dialysis and who have HIV infection can be dialyzed in hospital-based or free-standing dialysis units using conventional infection-control precautions. Universal blood and body-fluid precautions should be used when dialyzing all patients.

Strategies for disinfecting the dialysis fluid pathways of the hemodialysis machine are targeted to control bacterial contamination and generally consist of using 500-750 parts per million of sodium hypochlorite (household bleach) for 30-40 minutes or 1.5%-2.0% formaldehyde overnight. In addition, several chemical germicides formulated to disinfect dialysis machines are commercially available. None of these protocols or procedures need to be changed for dialyzing patients infected with HIV.

Patients infected with HIV can be dialyzed by either hemodialysis or peritoneal dialysis and do not need to be isolated from other patients. The type of dialysis treatment (i.e. hemodialysis or peritoneal dialysis) should be based on the needs of the patient. The dialyzer may be discarded after each use. Alternatively, centers that reuse dialyzers - i.e. a specific single-use dialyzer is issued to a specific patient, removed, cleaned, disinfected, and reused several times on the same patient only may include HIV-infected patients in the dialyzer-reuse program. An individual dialyzer must never be used on more than one patient.

ENVIRONMENTAL CONSIDERATIONS FOR HIV TRANSMISSION

No environmentally mediated mode of HIV transmission has been documented. Nevertheless, the precautions described below should be taken routinely in the care of all patients.

Sterilization and Disinfection

Standard sterilization and disinfection procedures for patient-care equipment currently recommended for use in a variety of health-care settings - including hospitals, medical and dental clinics and offices, hemodialysis centers, emergency-care facilities, and long-term nursing-care facilities - are adequate to sterilize or disinfect instruments, devices, or other items contaminated with blood or other body fluids from persons infected with blood-borne pathogens including HIV.

Instruments or devices that enter sterile tissue or the vascular system of any patient or through which blood flows should be sterilized before reuse. Devices or items that contact intact mucous membranes should be sterilized or receive high-level disinfection, a procedure that kills vegetative organisms and viruses but not necessarily large numbers of bacterial spores. Chemical germicides that are registered with the US Environmental Protection Agency as "sterilants" may be used either for sterilization or for high-level disinfection depending on contact time.

Contact lenses used in trial fittings should be disinfected after each fitting by using a hydrogen peroxide contact lens disinfecting system or, if compatible, with heat for 10 minutes.

Medical devices or instruments that require sterilization or disinfection should be thoroughly cleaned before being exposed to the germicide, and the manufacturer's instructions for the use of the germicide should be followed. Further, it is important that the manufacturer's specifications for compatibility of the medical device with chemical germicides be closely followed. Information on specific label claims of commercial germicides can be obtained by writing to the Disinfectants Branch, Office of Pesticides, Environmental Protection Agency, 401 M Street, SW, Washington, D.C. 20460.

Studies have shown that HIV is inactivated rapidly after being exposed to commonly used chemical germicides at concentrations that are much lower than used in practice. Embalming fluids are similar to the types of chemical germicides that have been tested and found to completely inactivate HIV. In addition to commercially available chemical germicides, a solution of sodium hypochlorite prepared daily is an inexpensive and effective germicide. Concentrations ranging from approximately 500 ppm (1:100 dilution of household bleach) sodium hypochlorite to 5,000 ppm (1:10 dilution of household bleach) are effective depending on the amount of organic material (e.g. blood, mucus) present on the surface to be cleaned and disinfected. Commercially available chemical germicides may be more compatible with certain medical devices that might be corroded by repeated exposure to sodium hypochlorite, especially to the 1:10 dilution.

Survival of HIV in the Environment

The most extensive study on the survival of HIV after drying involved greatly concentrated HIV samples, i.e., 10 million tissue-culture infectious doses per millileter. This concentration is at least 100,000 times greater than that typically found in the blood or serum of patients with HIV infection. HIV was detectable by tissue-culture techniques 1-3 days after drying, but the rate of inactivation was rapid. Studies performed at CDC have also shown that drying HIV causes a rapid (within several hours) 1-2 log (90%-99%) reduction in HIV concentration. In tissue-culture fluid, cell-free HIV could be detected up to 15 days at room temperature, up to 11 days at 37 C (98.6 F), and up to 1 day if the HIV was cell-associated.

CDC RECOMMENDATIONS

When considered in the context of environmental conditions in health-care facilities, these results do not require any changes in currently recommended sterilization, disinfection, or housekeeping strategies. When medical devices are contaminated with blood or other body fluids, existing recommendations include the cleaning of these instruments, followed by disinfection or sterilization, depending on the type of medical device. These protocols assume "worst-case" conditions of extreme virologic and microbiologic contamination, and whether viruses have been inactivated after drying plays no role in formulating these strategies. Consequently, no changes in published procedures for cleaning, disinfecting, or sterilizing need to be made.

Cleaning and Decontaminating Spills of Blood or Other Body Fluids

Chemical germicides that are approved for use as "hospital disinfectants" and are tuberculocidal when used at recommended dilutions can be used to decontaminate spills of blood and other body fluids. Strategies for decontaminating spills of blood and other body fluids in a patient-care setting are different than for spills of cultures or other materials in clinical, public health, or research laboratories. In patient-care areas, visible material should first be removed and then the area should be decontaminated. With large spills of cultured or concentrated infectious agents in the laboratory, the contaminated area should be flooded with a liquid germicide before cleaning, then decontaminated with fresh germicidal chemical. In both settings, gloves should be worn during the cleaning and decontaminating procedures.

Infective Waste

There is no epidemiologic evidence to suggest that most hospital waste is any more infective than residential waste. Moreover, there is no epidemiologic evidence that hospital waste has caused disease in the community as a result of improper disposal. Therefore, identifying wastes for which special precautions are indicated is largely a matter of judgement about the relative risk of disease transmission. The most practical approach to the management of infective waste is to identify those wastes with the potential for causing infection during handling and disposal and for which some special precautions appear prudent. Hospital wastes for which special precautions appear prudent include microbiology laboratory waste, pathology waste, and blood specimens or blood products. While any item that has had contact with blood, exudates, or secretions may be potentially infective, it is not usually considered practical or necessary to treat all such waste as infective. Infective waste, in general should either be incinerated or should be autoclaved before disposal in a sanitary landfill. Bulk blood, suctioned fluids, excretions, and secretions may be carefully poured down a drain connected to a sanitary sewer. Sanitary sewers may also be used to dispose of other infectious wastes capable of being ground and flushed into the sewer.

IMPLEMENTATION OF RECOMMENDED PRECAUTIONS

Employers of health-care workers should ensure that policies exist for:

1. Initial orientation and continuing education and training of all health-care workers - including students and trainees - on the epidemiology, modes of transmission, and prevention of HIV and other blood-borne infections and the need for routine use of universal blood and body-fluid precautions for all patients.
2. Provision of equipment and supplies necessary to minimize the risk of infection with HIV and other blood-borne pathogens.
3. Monitoring adherence to recommended protective measures. When monitoring reveals a failure to follow recommended precautions, counseling, education, and/or re-training should be provided, and, if necessary, appropriate disciplinary action should be considered.

Professional associations and labor organizations, through continuing education efforts, should emphasize the need for health-care workers to follow recommended precautions.

MANAGEMENT OF INFECTED HEALTH CARE WORKERS

Health-care workers with impaired immune systems resulting from HIV infection or other causes are at increased risk of acquiring or experiencing serious complications of infectious disease. Of particular concern is the risk of severe infection following exposure to patients with infectious diseases that are easily transmitted if appropriate precautions are not taken. Any health-care worker with an impaired immune system should be counseled about the potential risk associated with taking care of patients with any transmissible infection and should continue to follow existing recommendations for infection control to minimize risk of exposure to other infectious agents. Recommendations of the Immunization Practices Advisory Committee and institutional policies concerning requirements for vaccinating health-care workers with live-virus vaccines should also be considered.

The question of whether workers infected with HIV - especially those who perform invasive procedures - can adequately and safely be allowed to perform patient-care duties or whether their work assignments should be changed must be determined on an individual basis. These decisions should be made by the health-care worker's personal physician in conjunction with the medical directors and personnel health service staff of the employing institution or hospital.

MANAGEMENT OF EXPOSURES

If a health-care worker has a parenteral or mucous-membrane exposure to blood or other body fluids or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood - especially when the exposed skin is chapped, abraded, or afflicted with dermatitis - the source patient should be informed of the incident and tested for serologic evidence of HIV infection after consent is obtained. Policies should be developed for testing source patients in situations in which consent cannot be obtained.

CDC RECOMMENDATIONS

If the source patient has AIDS, is positive for HIV antibody, or refuses the test, the health-care worker should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure. The health-care worker should be advised to report and seek medical evaluations for any acute febrile illness that occurs within 12 weeks after the exposure. Such an illness - particularly one characterized by fever, rash, or lymphadenopathy - may be indicative of recent HIV infection. Seronegative health-care workers should be retested 6 weeks post-exposure and on a periodic basis thereafter to determine whether transmission has occurred. During this follow-up period - especially the first 6-12 weeks after exposure, when most infected persons are expected to seroconvert - exposed health-care workers should follow US Public Health Service recommendations for preventing transmission of HIV.

No further follow-up of a health-care worker exposed to infection as described above is necessary if the source patient is seronegative unless the source patient is at high risk of HIV infection. In the latter case, a subsequent specimen (e.g., 12 weeks following exposure) may be obtained from the health-care worker for antibody testing. If the source patient cannot be identified, decisions regarding appropriate follow-up should be individualized. Serologic testing should be available to all health-care workers who are concerned that they may have been infected with HIV.

If a patient has a parenteral or mucous-membrane exposure to blood or other body fluid of a health-care worker, the patient should be informed of the incident, and the same procedure outlined above for management of exposures should be followed for both the source health-care worker and the exposed patient.

colorado medicine

June 1, 1988

Volume 85, Issue Number 11

SPECIAL ISSUE

1988

PHYSICIAN'S DIRECTORY

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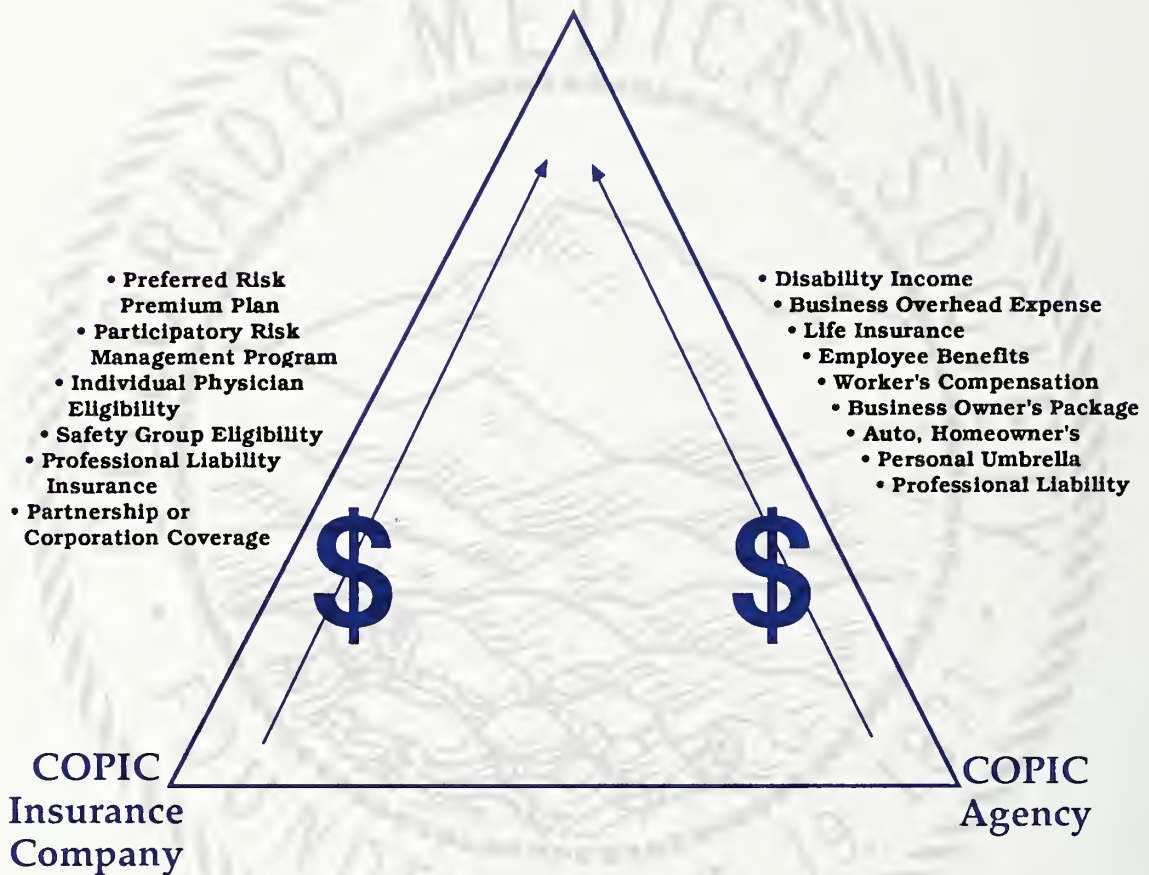
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business offices are available to membership and interested parties by telephone (303) 779-5455 or (for toll-free calling from outside the Denver metropolitan area 1-800-654-5653.

The CMS offices are open daily, Monday through Friday, from 8:30 a.m. until 5:00 p.m. If you wish to reach someone in the offices after 5:00 p.m., e.g., a physician attending an evening meeting, call the switchboard number and you will be directed by recorded message how to reach the physician by a specific after-hours extension number.

Orders for Directories can be made by remitting a check or money order in the amount of \$65.00 U.S. dollars, payable to CMS Physician's Directory, mailing to P.O. Box 17550, Denver, CO 80217-0550. Members may order additional copies at \$25.00 each.

COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

Harold F. Frye, Executive Editor
William S. Pierson, Managing Editor
Michael Thompson, Ass't. Editor

COLORADO MEDICINE magazine is the official journal of the Colorado Medical Society, but as such is also authorized to carry general advertising. Publication of any advertisement in COLORADO MEDICINE does not imply an endorsement or sponsorship by the Colorado Medical Society of the product or service advertised. Published articles represent opinions of the authors and do not necessarily reflect the official policy of the Colorado Medical Society unless clearly specified.

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SPECIAL ISSUE - PHYSICIAN'S DIRECTORY

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Note: Contents of this Physician's Directory were compiled as of June 1, 1988

COOPER & KELLEY, P.C.
Attorneys At Law
FOR DEFENDANT PHYSICIANS

APPROVED COUNSEL FOR
COLORADO MEDICAL MALPRACTICE CARRIERS
INCLUDING
COPIC, HARTFORD, THE DOCTORS COMPANY
ST. PAUL & AMER. PSYCHIATRIC ASSOC.

1660 Wynkoop Street, Suite 900
Denver, Colorado 80202-1197
(303) 825-2700

PAUL D. COOPER
THOMAS B. KELLEY
FRANK R. KENNEDY
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SUSAN R. ROBERTS
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Section 1

COLORADO MEDICAL SOCIETY DISTRICTS

Including listing of CMS Component Societies in each District, the towns and cities located within each District, and a Colorado state and county map indicating the geographical boundaries of the Districts.

COLORADO MEDICAL SOCIETY DISTRICTS

as set forth by the
CMS House of Delegates, Interim Meeting
March, 1987

I Northeast Rural – Morgan County Medical Society, Northeast Colorado Medical Society, Washington-Yuma Counties Medical Society, and Eastern Colorado Medical Society (counties of Morgan, Logan, Phillips, Sedgwick, Washington, Yuma, Cheyenne, Kit Carson and Lincoln)

II Northwest Rural – Intermountain Medical Society, Lake County Medical Society, Mount Sopris Medical Society, Mount Evans, and Northwestern Colorado Medical Society (counties of Summitt, Lake, Eagle, Garfield, Pitkin, Rio Blanco, Grand, Jackson, Moffat, and Routt, and towns of Bailey, Conifer, Evergreen, Idaho Springs and Kittridge located in Clear Creek, Park and Jefferson Counties)

III Southeast Rural – Chaffee County Medical Society, Fremont County Medical Society, Huerfano County Medical Society, Las Animas County Medical Society, Otero County Medical Society, San Luis Valley Medical Society and Southeastern Colorado Medical Society (counties of Chaffee, Hinsdale, Park, Custer, Fremont, Huerfano, Las Animas, Bent, Crowley, Otero, Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache, Baca, Kiowa, and Prowers)

IV Southwest Rural – Curecanti Medical Society, Delta County Medical Society, La Plata Medical Society, and Montelores Medical Society (counties of Gunnison, Montrose, Ouray, San Miguel, Delta, Archuleta, La Plata, San Juan, Montezuma and Dolores)

V Arapahoe – Arapahoe County Medical Society (counties of Arapahoe, Douglas and Elbert, except city of Aurora)

VI Aurora-Adams – Aurora-Adams County Medical Society (city of Aurora and all of Adams County east of South Platte River)

VII Boulder – Boulder County Medical Society (Boulder County and the town of Erie in Weld County)

VIII Clear Creek Valley – Clear Creek Valley Medical Society (Clear Creek, Gilpin and Jefferson Counties and that part of Adams County west of the South Platte River)

IX Denver – Denver Medical Society and Student Medical Society (Denver county)

X El Paso – El Paso County Medical Society (El Paso and Teller Counties)

XI Larimer - Larimer County Medical Society (Larimer County)

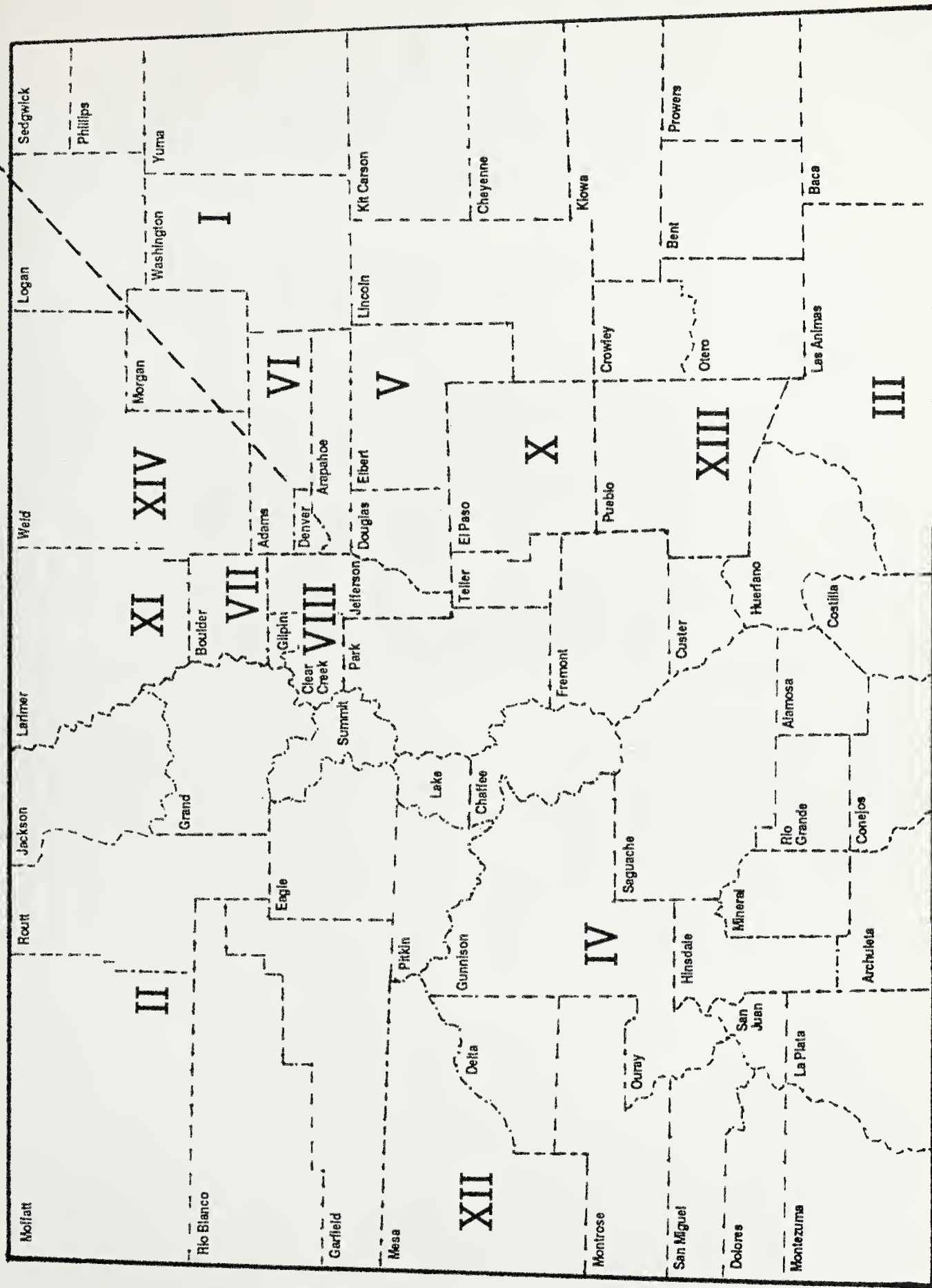
XII Mesa – Mesa County Medical Society (Mesa County)

XIII Pueblo – Pueblo County Medical Society (Pueblo County)

XIV Weld – Weld County Medical Society (Weld County)

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CMS Auxiliary Officers and Directors.

Colorado Hospital Association member hospitals, their administrators and/or executives, addresses and telephone numbers.

Colorado Department of Health Staff names and telephone numbers.



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The following are Colorado and Denver-area hospitals listed by alphabetical city/location order, with administrators or executive officers, telephone numbers and addresses.

This listing is provided as a reference, courtesy of the Colorado Hospital Association.

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633-4114

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824-9411

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J. Robert Peters, Executive Director
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Hazel Colvin, Acting Administrator
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Michael D. Pugh, President/CEO
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373 East 10th Street
Springfield, CO 81073
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The following listings reflect the physician's primary* practice location (listed alphabetically, by city and town), the home address (if the physician has directed that this be listed), the component society membership and specialty practice areas.

*The use of the term "primary" in this directory indicates the primary place of practice where the physician wishes to receive CMS and practice-related mail and communications.

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Freeman, John R, MD
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Aspen, 81612 925-1741
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Aspen, 81612 923-2438
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Purnell, Mark L, MD
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Schiller, Carl F, MD
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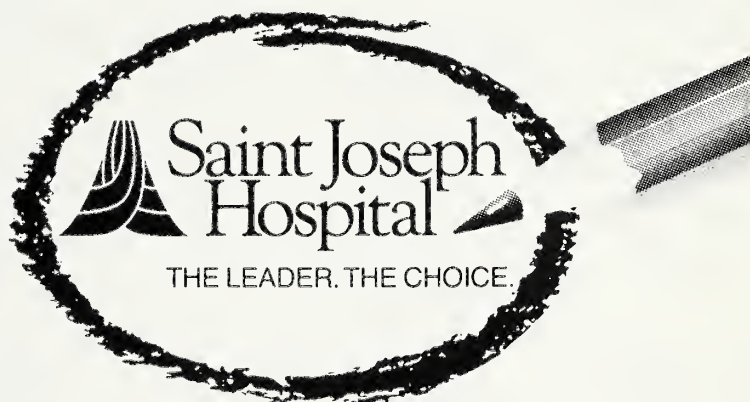
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1455 S Potomac St, #302
Aurora, 80012
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THORACIC SURGERY

Kaufman, Joel M, MD

730 Potomac
Aurora, 80011 344-5355
(H) 15 Meadowview Ln
Littleton, 80121 781-3220
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Keeler, F Brent, MD

14991 E Hampden Ave, #165
Aurora, 80014 690-8333
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Holme Roberts & Owen

Attorneys at Law
1700 Broadway,
Denver, Colorado 80290
303-861-7000
(FAX 303-861-4578)

Contact: Nancy J. Severson
or Donald J. Hopkins

Offices in Denver,
Denver Technological Center,
Boulder, Colorado Springs,
Salt Lake City

Kett, Helena, MD

(H) 1028 Dearborn St
Aurora, 80011 343-9862
DIRECT CMS MEMBER
INTERNAL MEDICINE

Kim, Joon-Whee, MD

11175 E Mississippi, #110
Aurora, 80012 367-5909
(H) 9150 E Radcliff Ave
Englewood, 80111 773-2356
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King, Talmadge E Jr, MD

1400 Jackson St
Denver, 80206 398-1333
(H) 2591 S Oakland St
Aurora, 80014 337-7410
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Kinnard, Melinda M, MD

750 Potomac, #101
Aurora, 80011
(H) 655 Krameria St
Denver, 80220
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Kiovsky, Richard D, MD

14991 E Hampden Ave, #120
Aurora, 80014 690-4891
(H) 14503 E Wagontrail Dr
Aurora, 80015
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1421 S Potomac, #110
Aurora, 80012 690-4900
(H) 5974 S Florence Ct
Englewood, 80111
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Kirshenbaum, Gerald, MD

1421 S Potomac St, #200
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(H) 6082 S Emporia Cir
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Kitlowski, Noel P, MD

730 Potomac St, #114
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(H) 7328 S Ireland Cir
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1550 S Potomac, #330
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7750 S Broadway
Littleton, 80122
(H) 17447 E Long Ave
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- Kowalski, Leonard R, MD**
700 Potomac
Aurora, 80011 360-3136
(H) 11 Pinecrest Cir
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2600 S Parker Rd, #221
Aurora, 80014 750-2082
(H) 263 S Grape St
Denver, 80222 377-6759
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Denver Gen Hosp
Denver, 80204
(H) 17702 E Berry Pl
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730 Potomac, #B-5
Aurora, 80011 366-4061
(H) 4673 S Zenobia St
Denver, 80236
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750 Potomac St, #101
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(H) 1900 Hudson St
Denver, 80220
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Aurora, 80045
(H) 1301 E Layton Ave
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Aurora, 80014 671-5055
(H) 9795 E Maplewood Cir
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- Levine, Mark A, MD**
601 E Hampden Ave, #350
Englewood, 80110 788-6322
(H) 10879 E Vassar Dr
Aurora, 80014
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INTERNAL MEDICINE
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1455 S Potomac St, #207
Aurora, 80012 755-2510
(H) 8573 E Nassau Av
Denver, 80237
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- Lindenbaum, Barry L, MD**
1421 S Potomac St, #130
Aurora, 80012 750-6461
(H) 4041 S Hudson Way
Englewood, 80110
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Aurora, 80011 695-6060
(H) 5000 S Franklin
Englewood, 80112
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(H) 225 Oakland St
Aurora, 80010 343-1651
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1601 Lowell Blvd
Denver, 80204 825-2190
(H) 2144 S Racine, W-203
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- Loeffler, Richard T, MD**
Emergency Department
1501 S Potomac
Aurora, 80012 695-2628
(H) 7367 S Fillmore Cir
Littleton, 80122 773-8912
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750 Potomac St, #211
Aurora, 80011 360-8852
(H) 461 Nome St
Aurora, 80010
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- Losasso, Leonard J, MD**
1421 S Potomac St, #110
Aurora, 80012 750-0883
(H) 5930 S Akron Cr
Englewood, 80111 694-3462
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3425 S Clarkson St
Englewood, 80110 789-8000
(H) 4701 S Idalia St
Aurora, 80015
ARAPAHOE MED. SOC.
PHYSICAL MEDICINE & REHAB
- Luethke, James M, MD**
FAMC
Rad Dept
Aurora, 80045 361-8275
(H) 464 Madison St
Denver, 80206
DIRECT CMS MEMBER
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- Luzietti, Richard G, MD**
750 Potomac St, #227
Aurora, 80011 360-0312
(H) 5373 E Lake Pl
Littleton, 80121
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Mayfair Women's Ctr
2993 S Peoria St
Aurora, 80014 696-9784
(H) 1949 S Mobile St
Aurora, 80013337-4399
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730 Potomac St, #222
Aurora, 80011 341-7370
(H) 1593 S Uinta Way
Denver, 80231
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Denver, 80220

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750 Pontiac St, #207

Aurora, 80011

344-8434

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730 Potomac St, #124

Aurora, 80011

344-5355

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11275 E Mississippi Ave, 1-E-2

Aurora, 80012

341-4555

(H) 583 Nile St

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730 Potomac St, #318

Aurora, 80011

341-1220

(H) 292 S Salem Ct

Aurora, 80012

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1421 S Potomac, #110

Aurora, 80012

750-0883

(H) 5760 S Geneva St

Englewood, 80111

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Mencini, Raymond A, MD

St. Anthony Hospital

4231 W 16th Ave

Denver, 80204

(H) 5703 S Kittredge St

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Michelson, Abraham K, MD

1421 S Potomac St, #110

Aurora, 80012

750-0883

(H) 4 Cherry Hills Farm Dr

Englewood, 80110

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Mikles, Devin A, MD

3451 S Chambers Rd

Aurora, 80014

(H) 555 E 10th Ave, #304

Denver, 80203

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Miles, Wilfred W, MD (Ret)

(H) 1085 Kingston St

Aurora, 80010

366-1375

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Miller, Eugenia M, MD

750 Potomac St, L-5

Aurora, 80011

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(H) 16708 E Crestline Ln

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Aurora, 80012

621-9010

(H) 6386 E Tufts Ave

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1421 S Potomac St, #40

Aurora, 80012

750-0822

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Moore, John T, MD

750 Potomac St, #221

Aurora, 80011

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(H) 12702 E 30th Ave
Aurora, 80011 341-9118
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Munch, David M, MD

Pres/Aurora Hosp
750 Potomac St #111
Aurora, 80011 341-7772
(H) 5797 S Galena St
Englewood, 80111 377-2985
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1550 S Potomac, #225
Aurora, 80012
(H) 10684 E Maplewood
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
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Nauts, Ruth B, MD

730 Potomac St, #102
Aurora, 80011
(H) 1181 Grape St
Denver, 80220
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Nawaz, Dilsher, MD

601 E 19th Ave
Denver, 80203 839-1000
(H) 17033 E Greenwood Cir
Aurora, 80013
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Nofsinger, Kenton D, MD

750 Potomac St, #223
Aurora, 80011 340-4600
(H) 11031 E Fair Cir
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
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730 Potomac St, #214
Aurora, 80011 364-3376
(H) 2800 S University Blvd, #39
Denver, 80210 757-0797
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE

Nowick, Martin E, MD

1550 S Potomac, #110
Aurora, 80012 671-6928
(H) 5566 S Emporia Cir
Englewood, 80111 773-6849
AURORA-ADAMS COUNTY MED. SOC.
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Nuss, Donald D, MD

1421 S Potomac St, #230
Aurora, 80012 751-1956
(H) 11335 E Arkansas Ave
Aurora, 80012 755-1382
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1590 Florence St
Aurora, 80010 364-2696
(H) 1250 S Uvalda
Aurora, 80012 696-6786
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O'Loughlin, Edward P, MD

1965 S University Blvd
Denver, 80210 861-4868
(H) 13935 E Utah Cir
Aurora, 80012 695-4096
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OB & GYNCOLOGY

Odekirk, Larry L, DO

1390 Chambers Rd
Aurora, 80011 341-4200
(H) 310 Quito Pl
Castle Pines, 80104 660-9403
AURORA-ADAMS COUNTY MED. SOC.
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Pajon, Eduardo R Jr, MD

750 Potomac St, #123
Aurora, 80011 340-3030
(H) 8574 Ponderosa Dr
Parker, 80134
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ONCOLOGY
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Palmieri, Anthony J, MD

730 Potomac St, #204
Aurora, 80011 343-3270
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1421 S Potomac St, #320
Aurora, 80012 750-1920
(H) 7871 S Argonne St
Aurora, 80016
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Pearlman, David S, MD

1450 S Havanna
Aurora, 80012 755-5070
(H) 6029 E Prentice Pl
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
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ALLERGY & IMMUNOLOGY
ASTHMA

Pearlman, Mark H, MD

750 Potomac St, #101
Aurora, 80011 366-3714
(H) 6215 S Macon Way
Englewood, 80111 793-0514
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Pederson, Janet L, MD

14991 E Hampden Ave, #210
Aurora, 80014
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Penn, Eugene C, MD (Ret)

(H) 2290 Oakland St
Aurora, 80010
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14991 E Hampden Ave, #130
Aurora, 80014 388-2403
(H) 863 Dawson St
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Persoff, Michael, MD

950 E Harvard Ave, #560
Denver, 80210 744-2758
(H) 2838 S Oakland Cr E
Aurora, 80014
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Peterson, Norman E, MD

Dept Of Surgery
Denver Gen Hosp
Denver, 80204 893-7045
(H) 13064 E Amherst Ave
Aurora, 80014 750-5633
DENVER MED. SOC.
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Pollard, Marven J, MD

3545 S Tamarac, #130
Denver, 80231
(H) 2322 S Troy St
Aurora, 80014
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Post, Gary L, MD

8200 E Bellevue, #460
Englewood, 80111
(H) 5479 S Uravan Ct
Aurora, 80015 690-6055
ARAPAHOE MED. SOC.
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Poucel, Jean-Georges, MD

730 Potomac St, #204
Aurora, 80011 343-3270
AURORA-ADAMS COUNTY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY
VASCULAR SURGERY

Pratt, Jennifer A, MD

1650 Milwaukee St, EM Dept
Denver, 80206 393-3600
(H) 19051 E Briarwood Dr
Aurora, 80016 693-2267
DIRECT CMS MEMBER
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Quintana, Phillip D, MD

15101 E Iliff, #140
Aurora, 80014 696-7525
(H) 13325 E Arkansas Ave
Aurora, 80012
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Rasband, Rick W, MD
730 Potomac, #218
Aurora, 80011 366-6266
(H) 15915 E Crestridge Pl
Aurora, 80015 680-1624
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Reich, Marshall P, MD
1550 S Potomac St, #350
Aurora, 80012 369-1066
(H) 33 S Birch St
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1455 S Potomac St, #208
Aurora, 80012 671-5553
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9950 W 80th Ave
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Rogers, Jean C, MD
1601 Lowell Blvd
Denver, 80204 861-8888
(H) 6175 S Netherland
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Rokicki, Robert R, MD
14991 E Hampden Ave, #280
Aurora, 80014 690-3500
(H) 16260 E Powers Pl
Aurora, 80015 699-2925
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ORTHOPEDIC SURGERY

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1421 S Potomac St, #310
Aurora, 80012 695-7667
(H) 10957 E Colorado Dr
Aurora, 80012
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PEDIATRICS

Rothberg, Alan D, MD
2280 S Xanadu St, #240
Aurora, 80014
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Rothgeb, Eric J, MD
700 Potomac St
Aurora, 80011 360-3133
DIRECT CMS MEMBER
EMERGENCY MEDICINE

Rowan, Aloysius I Jr, MD
105 Del Mar Cir
Aurora, 80011 366-1541
(H) 1279 Quari St
Aurora, 80011 364-9440
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Russell, Asela C, MD
1550 S Potomac St, #330
Aurora, 80012
(H) 2245 Albion St
Denver, 80207
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Schiff, Michael, MD
750 Potomac St, #L-23
Aurora, 80011
(H) 5400 S Monaco St
Englewood, 80111
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RHEUMATOLOGY

Serota, Joseph F, MD
1455 S Potomac St, #304
Aurora, 80012 696-6540
(H) 5599 S Hanover Way
Englewood, 80111
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HAND SURGERY

Sherman, Morton E, MD
750 Potomac St, #L5
Aurora, 80011 341-5751
(H) 6113 S Galena Ct
Englewood, 80111
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750 Potomac St, L-5
Aurora, 80011 341-5751
(H) 6113 S Galena Ct
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Shesol, Barry F, MD
750 Potomac St, #201
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HAND SURGERY

Shippert, Ronald D, MD
1455 S Potomac St, #201
Aurora, 80012 751-4224
(H) 4975 S Albion St
Littleton, 80121
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FACIAL PLASTIC SURGERY

Siegel, Clifford H
2993 S Peoria St, #302
Aurora, 80014 368-9268
(H) 12383 E Villanova Dr
Aurora, 80014
AURORA-ADAMS COUNTY MED. SOC.
PSYCHIATRY

Silveira, M Beatriz, MD
1550 S Potomac, #380
Aurora, 80012 369-1075
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HEAD & NECK SURGERY

Silverman, Leonard D, MD
730 Potomac St, #112
Aurora, 80011 343-3371
(H) 2777 S Elmira, #17
Denver, 80231 671-5059
AURORA-ADAMS COUNTY MED. SOC.
PEDIATRICS

Simon, David C, MD
1421 S Potomac St, #310
Aurora, 80012 695-7667
(H) 3817 S Eagle St
Aurora, 80014
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PEDIATRICS

Smith, Christopher F, MD
1550 S Potomac, #360
Aurora, 80012 369-1033
(H) 5309 S Geneva St
Englewood, 80111 770-8080
AURORA-ADAMS COUNTY MED. SOC.
INTERNAL MEDICINE

Smith, Stephen W, MD
FAMC, Emer Rm
Aurora, 80045
(H) 111 W Harlow Ave, #4 FAMC
Aurora, 80045
AURORA-ADAMS COUNTY MED. SOC.
EMERGENCY MEDICINE
INTERNAL MEDICINE

Solomon, William A, MD
1421 S Potomac St, #260
Aurora, 80012 337-5575
(H) 2582 S Oakland St
Aurora, 80014 696-9230
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INTERNAL MEDICINE

Spencer, J Robert, MD (Ret)
(H) 13691 E Marina, #501
Aurora, 80014
DENVER MED. SOC.
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Stoffel, Phillip T, MD
700 Potomac St
Aurora, 80011
(H) 2275 S Monroe St
Denver, 80210 692-9197
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PATHOLOGY

Stuebner, Jon W, MD
750 Potomac St, #111
Aurora, 80011 341-7772
(H) 6304 E Dorado Cir
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
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1550 S Potomac, #370
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(H) 979 S Pennsylvania St
Denver, 80209 744-9057
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750 Potomac St, L-11
Aurora, 80011 344-1162
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OB & GYNCOLOGY
- Thompson, Lee S, MD**
750 Potomac St, #101
Aurora, 80011 366-3714
(H) 2000 Ivy St
Denver, 80207
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PEDIATRICS
- Tormey, Anthony D, MD**
1550 S Potomac, #360
Aurora, 80012 369-1033
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INTERNAL MEDICINE
- Tribelhorn, Donna E, MD**
4803 Ward Rd
Wheat Ridge, 80033
(H) 2359 S Sedalia Cir
Aurora, 80013
DIRECT CMS MEMBER
INTERNAL MEDICINE
- Turley, Ginger T, MD**
5445 DTC Pkwy,
Englewood, 80111 741-4711
(H) 15739 E Mercer Pl#925
Aurora, 80013 690-2951
ARAPAHOE MED. SOC.
PROCTOLOGY
- Urban, James G, MD**
730 Potomac St, #102
Aurora, 80011 343-3814
(H) 5170 S Alton Way
Greenwood Village, 80111
AURORA-ADAMS COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- Varnell, Jeffrey L, MD**
730 Potomac St, #204
Aurora, 80011 343-3270
(H) 10794 E Berry Ave
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830 Potomac Cir, #250
Aurora, 80011 360-6667
(H) 17 E 14th Pl
Broomfield, 80020 466-6324
DENVER MED. SOC.
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1455 S Potomac, #208
Aurora, 80012
(H) 9800 E Chenango Ave
Englewood, 80111
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GASTROENTEROLOGY
INTERNAL MEDICINE
- Visconti, Paul B, MD**
1544 York St
Denver, 80206 399-6731
(H) 15702 E Bellwood Pl
Aurora, 80015
AURORA-ADAMS COUNTY MED. SOC.
PATHOLOGY
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY
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1550 S Potomac, #370
Aurora, 80012 751-1141
AURORA-ADAMS COUNTY MED. SOC.
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- Walker, Dennis E, MD**
830 Potomac Cir, #250
Aurora, 80011 360-6667
(H) 444 S Niagara St
Denver, 80224
DIRECT CMS MEMBER
FAMILY PRACTICE
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Ponderosa Prof Plaza
14991 E Hampden Ave #150
Aurora, 80014 690-8500
(H) 3958 S Dawson
Aurora, 80014
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- Warren, Darrell R, MD**
750 Potomac St, L-11
Aurora, 80011 344-1162
(H) 10908 E Crestridge Cr
Englewood, 80111 770-8345
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- Watts, Thomas B, MD**
730 Potomac St, #124
Aurora, 80011 344-5355
(H) 45 S Clermont
Denver, 80222
AURORA-ADAMS COUNTY MED. SOC.
UROLOGICAL SURGERY
- Webb, Terrell R, MD**
750 Potomac St, #L-17
Aurora, 80011 366-5830
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE
- Weber, Bruce J, DO**
651 Potomac St
Aurora, 80011 364-7287
(H) 7449 S Argonne St
Aurora, 80016
AURORA-ADAMS COUNTY MED. SOC.
INTERNAL MEDICINE
PULMONARY DISEASES
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- Weinerman, Stewart K, MD**
1421 S Potomac St, #130
Aurora, 80012
(H) 5860 S Big Canon Dr
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- Weingarten, Peter L, MD**
1421 S Potomac St, #130
Aurora, 80012 695-6060
(H) 4900 S El Camino Dr
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
ORTHOPEDIC SURGERY
HAND SURGERY
- Weisiger, Ken H, MD**
St Anthony Central Hosp
Denver, 80204 629-3517
(H) 1425 S Olathe Way
Aurora, 80017 750-8496
DIRECT CMS MEMBER
PULMONARY DISEASES
- Wexler, Paul, MD**
2530 S Parker Rd
Aurora, 80014 368-9412
(H) 2003 Green Oaks Ln
Littleton, 80121
DENVER MED. SOC.
OB & GYNCOLOGY
- Wexler, Ralph M, MD**
111 Havana St
Aurora, 80010 363-2334
(H) 1600 S Quebec Way, #12
Denver, 80231 750-5363
AURORA-ADAMS COUNTY MED. SOC.
OCCUPATIONAL MEDICINE
EMERGENCY MEDICINE
FAMILY PRACTICE
- Whitaker, John B, MD**
4231 W 16th Ave
Denver, 80204
(H) 16143 E Crestline Ave
Aurora, 80015 693-8159
CLEAR CREEK VALLEY MED. SOC.
RADIOLOGY
- White, Wallace C, MD**
5150 E Yale Cir, #101
Denver, 80222 759-2591
(H) 10981 E Vassar Dr
Aurora, 80014
DIRECT CMS MEMBER
PEDIATRICS
- Wick, James E, MD**
750 Potomac St, #227
Aurora, 80011 360-0312
(H) 316 S Newport Way
Denver, 80224 388-4073
AURORA-ADAMS COUNTY MED. SOC.
PULMONARY DISEASES
INTERNAL MEDICINE
- Williams, Derek W, MD**
830 Potomac Cir, #330
Aurora, 80011 367-0062
(H) 5619 S Ivy Ct
Englewood, 80111 740-7746
DENVER MED. SOC.
OB & GYNCOLOGY

AURORA - BEULAH

Williams, George S Jr, MD (Ret)

(H) 13952 E Marina Dr, #306
Aurora, 80014
PUEBLO COUNTY MED. SOC.
GENERAL PRACTICE

Wilson, James P, MD

1820 Gilpin, #220
Denver, 80218 839-6535
(H) 18556 E Long Ave
Aurora, 80016
AURORA-ADAMS COUNTY MED. SOC.
NUCLEAR MEDICINE
DIAGNOSTIC RADIOLOGY

Wintory, Terry, DO

651 Potomac, #A
Aurora, 80011 369-5959
(H) 12503 E LaSalle Pl
Aurora, 80014 696-2132
ARAPAHOE MED. SOC.
ORTHOPEDIC SURGERY

Yasuzawa, S Steve, MD

1421 S Potomac, #220
Aurora, 80012 696-0707
(H) 5454 S Emporia Ct
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
OB & GYNECOLOGY

Yavorski, Sarah S, MD

8380 Zuni, #305
Denver, 80229
(H) 704 S Hutton St, #125
Aurora, 80045
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY

Yost, John F, MD

12361 E Cornell Ave
Aurora, 80014 368-7808
(H) PO Box 1321
Parker, 80134
DENVER MED. SOC.
PSYCHIATRY

Yost, Raymond V, MD

1633 Fillmore St
Denver, 80206 377-2723
(H) 7085 S Andes
Aurora, 80016 693-0874
DENVER MED. SOC.
DIAGNOSTIC RADIOLOGY

Zemel, Leonard R, MD

750 Potomac St, #L-5
Aurora, 80011
AURORA-ADAMS COUNTY MED. SOC.
ENDOCRINOLOGY & METABOLISM
DIABETES
INTERNAL MEDICINE

AVON, CO

Chipman, Leon D, MD

181 W Meadow Dr
Vail, 81657 476-7220
(H) PO Box 5500
Avon, 81620
INTERMOUNTAIN MED. SOC.
ORTHOPEDIC SURGERY

Paul, David H, MD

181 W Meadow
Vail, 81657
(H) PO Box 1030
Avon, 81620
INTERMOUNTAIN MED. SOC.
EMERGENCY MEDICINE

Yarberry, Steven A, MD

181 W Meadow Dr, #200
Vail, 81657
(H) PO Box 94
Avon, 81620
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE

BAILEY, CO

Kowalski, Leonard R, MD

700 Potomac
Aurora, 80011 360-3136
(H) 11 Pinecrest Cir
Bailey, 80421
DIRECT CMS MEMBER
EMERGENCY MEDICINE
OCCUPATIONAL MEDICINE
AEROSPACE MEDICINE

Syzek, Thomas E, MD

10791 Kitty Dr, #A
Conifer, 80433 674-7875
(H) 27 Pinecrest Cir
Bailey, 80421 838-2424
MT. EVANS MED. SOC.
FAMILY PRACTICE

BERTHOUD, CO

Arndt, Donald A, MD

706 7th St
Box 1049
Berthoud, 80513 532-3977
(H) Box 1049
706 7th St
Berthoud, 80513 532-3977
LARIMER COUNTY MED. SOC.
INTERNAL MEDICINE

Boyle, Kevin J, MD

435 Mountain Ave
Berthoud, 80513
(H) 1603 Caddoa Dr
Loveland, 80538
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE

Fickel, Helen F, MD (Ret)

(H) 645 7th St
PO Box 436
Berthoud, 80513 532-2167
LARIMER COUNTY MED. SOC.
GENERAL PRACTICE

Vickland, James R, MD

421 21st Ave, #7
Longmont, 80501
(H) 2711 Lakehollow Rd
Berthoud, 80513
BOULDER COUNTY MED. SOC.
ANESTHESIOLOGY

BEULAH, CO

Anselm, Klaus, MD

2002 Lake Ave
Southern CO Clinic
Pueblo, 81004 (719)564-9600
(H) 9209 S Pine Dr
Beulah, 81023 (719)485-3257
PUEBLO COUNTY MED. SOC.
GASTROENTEROLOGY

Halprin, Arthur H, MD

2002 Lake Ave
Southern CO Clinic
Pueblo, 81004 (719)564-9600
(H) 8425 Hwy 78 W
Beulah, 81023 (719)485-3636
PUEBLO COUNTY MED. SOC.
GASTROENTEROLOGY
INTERNAL MEDICINE

Hanson, Charles A, MD

2002 Lake Ave
Pueblo, 81004 (719)564-9600
(H) 8201 Hwy 78 W
Beulah, 81023
PUEBLO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

BOULDER, CO

Abbott, W Richard, MD
1100 Balsam
Boulder, 80302
(H) 1900 Senda Roca
Boulder, 80303
BOULDER COUNTY MED. SOC.
EMERGENCY MEDICINE

Aldrich, Franklin D, MD
PO Box 1900, IBM
Boulder, 80302 924-5624
(H) 1094 Quince
Boulder, 80302 443-2316
BOULDER COUNTY MED. SOC.
TOXICOLOGY
INTERNAL MEDICINE

Alt, Brooke, MD
1100 Balsam St
Boulder, 80302 440-2320
(H) 985 10th St
Boulder, 80302
BOULDER COUNTY MED. SOC.
PATHOLOGY

Anker, Jeffrey L, MD
255 Canyon Blvd, #300
Boulder, 80302 449-7541
BOULDER COUNTY MED. SOC.
PSYCHIATRY

Appel, Theodore B, MD
2750 Broadway
Boulder, 80302 440-3141
(H) 2175 Knollwood Dr
Boulder, 80302 443-0163
BOULDER COUNTY MED. SOC.
OB & GYNECOLOGY

Aumiller, Charles L, MD
2750 Broadway
Boulder, 80302 440-3000
(H) 2280 Norwood
Boulder, 80302 443-8472
BOULDER COUNTY MED. SOC.
PEDIATRICS

Avery, John S, MD
2750 Broadway
Boulder, 80302 442-4660
(H) 600 Kalmia Ave
Boulder, 80302 443-1592
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE

Balkins, A J Jr, MD
3853 N 57th St
Boulder, 80301 530-4830
(H) 3853 57th
Boulder, 80301 530-4830
BOULDER COUNTY MED. SOC.
ANESTHESIOLOGY

Baumgardner, Jan F, MD
1375 Walnut - NBR Bldg, #220
Boulder, 80302 444-1414
BOULDER COUNTY MED. SOC.
OCCUPATIONAL MEDICINE
FAMILY PRACTICE

Baumgartner, Ronald, MD
2750 Broadway
Boulder, 80302 440-3000
(H) 803 Hawthorn
Boulder, 80302
BOULDER COUNTY MED. SOC.
PEDIATRICS

Beasley, D J, MD
1000 Alpine, #260
Boulder, 80302
(H) 695 Northstar Ct
Boulder, 80302
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Beck, Dennis M, MD
Rcky Mtn Emer Phy
700 Potomac
Aurora, 80011
(H) 2485 Lee Hill Rd
Boulder, 80302
AURORA-ADAMS COUNTY MED. SOC.
EMERGENCY MEDICINE

Bedell, Richard F, MD
2111 Arapahoe Ave
Boulder, 80302 442-2913
(H) 285 Brookside Ct
Boulder, 80302 443-4695
BOULDER COUNTY MED. SOC.
PEDIATRICS

Bjerke, Randal D, MD
1000 Alpine Ave, #254
Boulder, 80302 442-2150
BOULDER COUNTY MED. SOC.
PULMONARY DISEASES

Blanchet, William L, MD
1001 North St
Boulder, 80302
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE

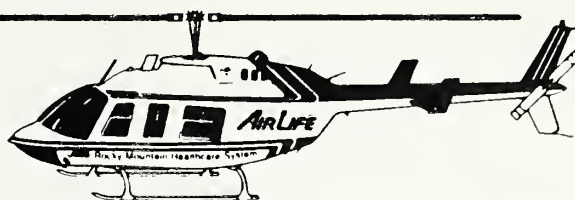
Bock, S Allan, MD
3950 Broadway
Boulder, 80302 444-5991
BOULDER COUNTY MED. SOC.
PEDIATRIC ALLERGY

Bolles, Frank P, MD
2880 Folsom Ave, #100
Boulder, 80302 449-5330
(H) 515 Clover Ln
Boulder, 80303
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Bolles, Gene E, MD
1000 Alpine Ave, #121
Boulder, 80302 447-8642
BOULDER COUNTY MED. SOC.
NEUROLOGICAL SURGERY

Bosley, Rex C, MD
933 Alpine Ave
Boulder, 80302 449-2730
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- Bowers, Steven P, MD**
Wardenburg Campus, Box 119
Boulder, 80309
(H) 5906 E Gunbarrel Ave
Boulder, 80301
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
- Bowles, Charles R, MD**
Broadway & Balsam
PO Box 9019
Boulder, 80301
(H) 2750 7th St
Boulder, 80302
BOULDER COUNTY MED. SOC.
RADIOLOGY
- Boyd, J David, MD**
1650 38th St, #202-W
Boulder, 80301 444-5210
(H) 205 Abbey Pl
Boulder, 80302
BOULDER COUNTY MED. SOC.
PSYCHIATRY
- Brandt, David, MD**
2750 Broadway
Boulder, 80302
440-3108
BOULDER COUNTY MED. SOC.
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INFECTIOUS DISEASES
- Brubaker, William H, MD**
1001 North St
Boulder, 80302 442-8840
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
- Brudenell, Mary Dina, MD**
2111 Arapahoe Ave, #B
Boulder, 80302 442-2913
BOULDER COUNTY MED. SOC.
PEDIATRICS
ADOLESCENT MEDICINE
- Buck, Peter G, MD**
2750 Broadway
Boulder, 80302 440-3000
(H) 1025 Oakdale Pl
Boulder, 80302 447-8558
BOULDER COUNTY MED. SOC.
ORTHOPEDIC SURGERY
HAND SURGERY
SPORTS MEDICINE
- Burrow, Claude H, MD**
2617 Broadway
Boulder, 80302 449-6666
(H) 1720 Norwood
Boulder, 80302
BOULDER COUNTY MED. SOC.
PLASTIC SURGERY
HAND SURGERY
FACIAL PLASTIC SURGERY
MAXILLOFACIAL SURGERY
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- Burton, William V, MD**
2880 Folsom, #212
Boulder, 80302
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FAMILY PRACTICE
GERIATRICS
SPORTS MEDICINE
- Cadora, Donald F, MD**
Boulder Medical Center
2750 Broadway
Boulder, 80302 440-3029
(H) 495 S Cedarbrook Rd
Boulder, 80302
BOULDER COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY
- Carpenter, Julie, MD**
1136 Alpine, #225
Boulder, 80302 444-4881
(H) 976 University
Boulder, 80302
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
OBSTETRICS
- Carsey, Eben D Jr, MD**
2111 Arapahoe Ave
Boulder, 80302 442-2913
(H) 3849 Orion Ct
Boulder, 80302 449-3041
BOULDER COUNTY MED. SOC.
PEDIATRICS
- Carter, John E, MD**
1100 Balsam Ave
Boulder, 80302
BOULDER COUNTY MED. SOC.
EMERGENCY MEDICINE
- Christensen, Carole, MD**
2750 Broadway
Boulder, 80302 440-3141
BOULDER COUNTY MED. SOC.
OB & GYNECOLOGY
- Clark, James E, MD**
1000 Alpine, #250
Boulder, 80302 839-1000
BOULDER COUNTY MED. SOC.
UROLOGICAL SURGERY
- Collins, Michael A, MD**
2750 Broadway
Boulder, 80302
(H) 3851 Angelovic Ct
Boulder, 80301
BOULDER COUNTY MED. SOC.
PEDIATRICS
- Colton, Albert H, MD**
1950 Mountain View Ave
Longmont United Hosp
Longmont, 80501 651-5000
(H) 5515 Baca Cir
Boulder, 80301
BOULDER COUNTY MED. SOC.
EMERGENCY MEDICINE
- Conrad, William C, MD**
2800 Folsom Ave, #B
Boulder, 80302 449-5383
(H) 2197 Jordan Pl
Boulder, 80302
BOULDER COUNTY MED. SOC.
OPHTHALMOLOGY
- Cowgill, Joseph S, MD**
2750 Broadway
Boulder, 80302 440-3151
(H) 3833 N 57th St
Boulder, 80301
BOULDER COUNTY MED. SOC.
GYNECOLOGY
- Craven, Edward B, MD (Ret)**
(H) 4647 Carter Tr
Boulder, 80301
BOULDER COUNTY MED. SOC.
ANESTHESIOLOGY
- Crouch, Dee B, MD**
PO Box 9019
Boulder, 80301 440-2037
(H) 3000 Galena Way
Boulder, 80303 499-7276
BOULDER COUNTY MED. SOC.
EMERGENCY MEDICINE
MEDICAL EDUCATION
- Curtis, William S, MD**
3151 6th St
Boulder, 80302 442-4856
(H) 3151 6th St
Boulder, 80302
BOULDER COUNTY MED. SOC.
RADIOLOGY
LEGAL MEDICINE
- D'Arcy, Genet, MD**
1000 Alpine, #291
Boulder, 80302
BOULDER COUNTY MED. SOC.
NEUROLOGY
- Daarud, R Scott, MD**
2505 4th
Boulder, 80302 443-2544
(H) 556 W Beech Pl
Louisville, 80027
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Daarud, Richard C, MD**
2505 4th St
Boulder, 80302 443-2544
(H) 515 Juniper
Boulder, 80302 449-6701
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Dank, Gerald M, MD**
1136 Alpine Ave, #315
Boulder, 80302 443-6960
(H) 3788 Spring Valley Rd
Boulder, 80302
BOULDER COUNTY MED. SOC.
PSYCHIATRY
CHILD PSYCHIATRY
- Day, John R M, MD**
2750 Broadway
Boulder, 80302
BOULDER COUNTY MED. SOC.
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PRYOR, CARNEY AND JOHNSON

ATTORNEYS AND COUNSELORS AT LAW

Donnelly, John H, MD

(H) 4442 Driftwood Pl
Boulder, 80301 530-0234
BOULDER COUNTY MED. SOC.
PUBLIC HEALTH

Dougherty, Marilyn A, MD

385 Broadway
Boulder, 80303 449-3770
(H) 3481 Cripple Creek Sq
Boulder, 80303 499-6006
BOULDER COUNTY MED. SOC.
OPHTHALMOLOGY

Dubach, Kenneth F, MD

PO Box 9019
Boulder, 80301 440-2273
BOULDER COUNTY MED. SOC.
RADIOLOGY

Duhon, Samuel C Sr, MD

373 W Drake Rd, #5
Fort Collins, 80526 223-3970
(H) 4841 Eldorado Spgs Dr
Boulder, 80303
LARIMER COUNTY MED. SOC.
ALLERGY

Dumler, Larry J, MD

2750 Broadway
Boulder, 80302 442-4660
(H) 969 Brook Rd
Boulder, 80302
BOULDER COUNTY MED. SOC.
OPHTHALMOLOGY

Dunaway, Marvin R, MD

2880 Folsom Ave, #100
Boulder, 80302 449-5330
(H) 8958 Tahoe Ln
Boulder, 80301
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Eddy, Richard L, MD

4150 Darley Ave
Boulder, 80303 494-5263
(H) 2400 Kalmia
Boulder, 80302 939-9245
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Ehrlich, Alan J, MD

1650 Fillmore
Denver, 80206
(H) 3192 4th St
Boulder, 80302
DIRECT CMS MEMBER
EMERGENCY MEDICINE

Erling, William F, MD

2750 Broadway
Boulder, 80302 440-3000
BOULDER COUNTY MED. SOC.
GASTROENTEROLOGY
INTERNAL MEDICINE

Evans, Clayton A, MD

975 North St
Boulder, 80302 444-5110
(H) 3756 Wonderland Hill
Boulder, 80302
BOULDER COUNTY MED. SOC.
OB & GYNCOLOGY

Ewing, Peter C, MD

2505 4th St
Boulder, 80302 443-2544
(H) 2050 Neher Ln
Boulder, 80302
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
SPORTS MEDICINE

Farrington, John F, MD

2735 Iris, #B
Boulder, 80302 442-8840
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE

Ferris, William D, MD

2525 4th St, #201
Boulder, 80302 440-7941
(H) 323 Foxtail Ct
Boulder, 80303
BOULDER COUNTY MED. SOC.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

- Hibbard, H Davis, MD**
877 S Boulder Rd
Louisville, 80027 666-7555
(H) 3712 Wonderland Hill Ave
Boulder, 80302 444-5478
BOULDER COUNTY MED. SOC.
PEDIATRICS
FAMILY PRACTICE
INTERNAL MEDICINE
GYNECOLOGY
- Hickman, Gerald M, MD**
4150 Darley Ave
Boulder, 80303 494-5263
(H) 1595 Blue Sage Ct
Boulder, 80303 499-1595
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Higgins, Thomas, MD**
2750 Broadway
Boulder, 80302 440-3000
(H) 1749 Hawthorn Pl
Boulder, 80302
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
ENDOCRINOLOGY & METABOLISM
- Hilberman, Mark, MD**
2265 Knollwood
Boulder, 80302
(H) 2265 Knollwood
Boulder, 80302 443-5913
BOULDER COUNTY MED. SOC.
ANESTHESIOLOGY
- Hill, James R, MD**
80 Garden Center
Broomfield, 80020 466-1866
(H) 1596 Wildwood Ln
Boulder, 80303 494-5916
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
- Hilty, Raymond W Jr, MD**
2750 Broadway
Boulder, 80302 440-3000
(H) Sunshine Canyon
Boulder, 80302
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
CARDIOLOGY
- Holden, Lawrence W, MD (Ret)**
1538 Chambers Dr
Boulder, 80303
(H) 1538 Chambers Dr
Boulder, 80303 494-6554
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
- Howard, William L, MD**
1850 Egbert St
Brighton, 80601
(H) 2208 Champlain
Boulder, 80301
AURORA-ADAMS COUNTY MED. SOC.
EMERGENCY MEDICINE
- Howland, William W, MD**
Boulder Comm Hosp Lab
1100 Balsam Ave
Boulder, 80302 440-2320
BOULDER COUNTY MED. SOC.
PATHOLOGY
DERMATOPATHOLOGY
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY
- Hudson, John L, MD**
2505 4th St
Boulder, 80302 443-2544
(H) 5302 Gallatin Pl
Boulder, 80303
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Husted, Joel R, MD (Ret)**
2888 Bluff St, #162
Boulder, 80301
(H) 2888 Bluff St, #162
Boulder, 80301
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
- Imig, John R, MD**
2750 Broadway
Boulder, 80302 440-3141
(H) 3737 N 26th St
Boulder, 80302
BOULDER COUNTY MED. SOC.
OB & GYNECOLOGY
- Jacobson, Jacob G, MD**
1636 16th St
Boulder, 80302 443-1337
(H) 260 Ridge Rd
Boulder, 80303 499-9266
BOULDER COUNTY MED. SOC.
PSYCHOANALYSIS
PSYCHIATRY
- Johnson, William M, MD**
2750 Broadway
Boulder, 80302 440-3036
(H) 2820 Iliff
Boulder, 80303 499-6496
BOULDER COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- Jones, Charles G, MD**
1136 Alpine Ave, #220
Boulder, 80302 443-2123
(H) 701 7th St
Boulder, 80302 443-2440
BOULDER COUNTY MED. SOC.
GENERAL SURGERY
- Jones, David W, MD**
1100 Balsam Ave
Emerg Dept
Boulder, 80302 440-2037
(H) 210 Cactus Ct
Boulder, 80302 444-0736
BOULDER COUNTY MED. SOC.
EMERGENCY MEDICINE
- Kahn, Kenneth A, MD**
6825 E Tennessee
Bldg 2 #400
Denver, 80224
(H) 760 Flagstaff Rd
Boulder, 80302
DENVER MED. SOC.
ADMINISTRATIVE MEDICINE
- Kaniuk, Marlene F, MD**
2750 Broadway
Dept of OB/GYN
Boulder, 80302 440-3141
BOULDER COUNTY MED. SOC.
OB & GYNECOLOGY
- Keller-Klein, Karen A, MD**
1136 Alpine Ave, #120
Boulder, 80302
(H) 3687 Roundree Ct
Boulder, 80302
BOULDER COUNTY MED. SOC.
ANESTHESIOLOGY
- Kellum, Donald L, MD**
2750 Broadway
Boulder, 80302 440-3055
(H) 1045 Miami Way
Boulder, 80303
BOULDER COUNTY MED. SOC.
OPHTHALMOLOGY
- Kipfer, Roger K, MD**
333 W South Boulder Rd, #1
Louisville, 80027
(H) 3890 N 26th St
Boulder, 80302 440-7940
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Kirchner, Robert L, MD**
2880 Folsom, #100
Boulder, 80302 449-5330
(H) 7637 Aberdeen Way
Boulder, 80301
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Klein, Mark F, MD**
2750 Broadway
Boulder, 80302
BOULDER COUNTY MED. SOC.
UROLOGICAL SURGERY
- Knapp, H G Robert, MD (Ret)**
(H) 2039 Linden Dr
Boulder, 80302 443-7614
BOULDER COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- Kornberg, James P, MD**
5440 Conestoga St
Boulder, 80301 443-0687
(H) 466 Skytrail Rd
Boulder, 80302
BOULDER COUNTY MED. SOC.
OCCUPATIONAL MEDICINE
TOXICOLOGY
GENERAL PREVENTIVE MED
INDUSTRIAL MEDICINE
AEROSPACE MEDICINE

BOULDER

Kornfeld, Howard, MD

2420 10th St
Boulder, 80302 449-6810
BOULDER COUNTY MED. SOC.
EMERGENCY MEDICINE

Krieger, Gary R, MD

1626 Cole Blvd
Golden, 80401
(H) 7332 Island Cir
Boulder, 80301 530-7145
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
OCCUPATIONAL MEDICINE

Kuisle, Hans R, MD

2525 4th St, #202
Boulder, 80302 443-2277
(H) 1445 Moss Rock Pl
Boulder, 80302 443-8508
BOULDER COUNTY MED. SOC.
PLASTIC SURGERY

LaBaw, Wallace L, MD

1721 E 19th Ave, #240
Denver, 80218 892-1181
(H) 7075 Roaving Fork Tr
Boulder, 80301
LAKE COUNTY MED. SOC.
CHILD PSYCHIATRY

Lane, Richard A, MD

1000 Alpine Ave, #280
Boulder, 80302 449-8950
BOULDER COUNTY MED. SOC.
GYNECOLOGY
INFERTILITY

Lewis, Jeanne D, MD

4150 Darley
Boulder, 80303 494-5263
(H) 1185 Wildwood Rd
Boulder, 80303
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Lewis, Paul K Jr, MD

PO Box 9019
Boulder, 80301 440-2037
(H) 2202 Holyoke Dr
Boulder, 80303 494-5532
BOULDER COUNTY MED. SOC.
EMERGENCY MEDICINE

Lillydahl, William C, MD

2750 Broadway
Boulder, 80302 440-3073
(H) 2150 Linden Dr
Boulder, 80302 449-1447
BOULDER COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Lombard, Lou-Elizabeth J, MD

2750 Broadway
Boulder, 80302
(H) 1826 Race St
Denver, 80218
BOULDER COUNTY MED. SOC.
ANESTHESIOLOGY

MacFarlan, Sherburne M, MD

2750 Broadway
Boulder, 80302 442-4660
(H) Sunshine Canyon
Salina Star Rt
Boulder, 80302
BOULDER COUNTY MED. SOC.
OB & GYNECOLOGY

Mackell, Paul E, MD

999 Alpine
Boulder, 80302 444-1415
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Macsalka, Mary A, MD

975 North St
Boulder, 80302 444-5110
BOULDER COUNTY MED. SOC.
OB & GYNECOLOGY

Macsalka, Robert E, MD

975 North St
Boulder, 80302 444-5110
BOULDER COUNTY MED. SOC.
OB & GYNECOLOGY

Marbry, George W, MD (Ret)

(H) 7294 Siena Way
Boulder, 80301 530-3473
BOULDER COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Marcotte, Dale D, MD

2800 Folsom St
Boulder, 80302 442-6260
(H) 925 Lawn
Boulder, 80303 499-8121
BOULDER COUNTY MED. SOC.
OPHTHALMOLOGY

Markey, Joseph W, MD

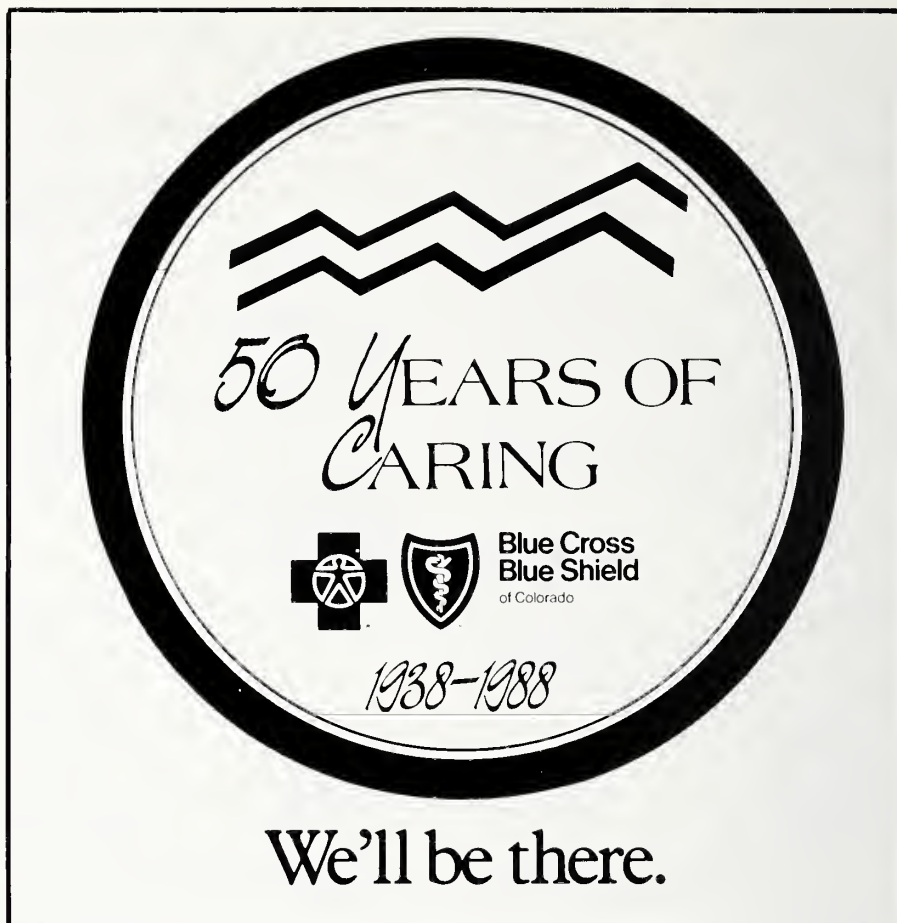
311 Mapleton
Boulder, 80302 443-0230
(H) 604 10th St
Boulder, 80302
BOULDER COUNTY MED. SOC.
NEUROLOGY

Maurer, Lawrence E, MD

2750 Broadway
Boulder, 80302 440-3076
(H) 541 Spruce
Boulder, 80302 443-0266
BOULDER COUNTY MED. SOC.
GENERAL PRACTICE
PEDIATRICS

McFarland, Osmyn W, MD (Ret)

(H) 770 Circle Dr
Boulder, 80302 442-4594
BOULDER COUNTY MED. SOC.



- McGroarty, Saralee R, MD**
1320 Vivian
Longmont, 80501 772-3698
(H) 6986 Greenwillow Ct
Boulder, 80301
BOULDER COUNTY MED. SOC.
NEUROLOGY
- Mehler, Robert E, MD**
1001 North St
Boulder, 80302 442-8840
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
- Menzel, Mark L, MD**
3950 Broadway
Boulder, 80302 444-5991
(H) 4547 Tally Ho Tr
Boulder, 80301 530-4150
BOULDER COUNTY MED. SOC.
ALLERGY & IMMUNOLOGY
- Metzger, James R**
2595 Stanford
Boulder, 80303
(H) 2595 Stanford
Boulder, 80303 494-9074
DENVER MED. SOC.
- Meyer, John E, MD**
1100 Balsam
Boulder, 80302 440-2072
(H) 3890 Norwood Ct
Boulder, 80302
BOULDER COUNTY MED. SOC.
PATHOLOGY
- Miles, Norman A, MD**
1000 North St
Boulder, 80302 443-3840
BOULDER COUNTY MED. SOC.
OB & GYNCOLOGY
- Moore, Donald B, MD**
2111 Arapahoe Ave
Boulder, 80302 442-2913
(H) 3820 Newport Ln
Boulder, 80302 443-1287
BOULDER COUNTY MED. SOC.
PEDIATRICS
- Moore, Richard H, MD**
400 S McCaslin Blvd, #103
Louisville, 80027 666-7337
(H) 7037 Yampa Ct
Boulder, 80301 530-4367
BOULDER COUNTY MED. SOC.
PEDIATRICS
- Moorhead, Kenneth D, MD**
1100 Balsam Ave
Boulder, 80302 442-8190
(H) 7313 Old Post Rd
Boulder, 80301 530-1742
BOULDER COUNTY MED. SOC.
RADIOLOGY
- Murphy, James T, MD**
2750 Broadway
Boulder, 80302 442-4660
(H) 2489 Kalmia Ave
Boulder, 80302 443-0807
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
- Nelson, Roy G, MD**
350 Broadway
Boulder, 80303 494-6880
(H) 633 Sunnyside St
Louisville, 80027 666-4167
BOULDER COUNTY MED. SOC.
PEDIATRICS
ADOLESCENT MEDICINE
- Newsom, Marilyn M, MD**
2750 Broadway
Boulder, 80302 440-3216
BOULDER COUNTY MED. SOC.
NEUROLOGY
- Nicolay, Donald L, MD**
2525 4th St, #206
Boulder, 80302 449-1634
(H) 3863 N 57th
Boulder, 80301 530-3133
BOULDER COUNTY MED. SOC.
GENERAL SURGERY
- Nissim, Joseph J, MD**
1319 Frontier
Longmont, 80501 776-1532
(H) 2950 Bixby Ln
Boulder, 80303
BOULDER COUNTY MED. SOC.
- Nowinski, Donald M, MD**
2750 Broadway
Boulder, 80302
BOULDER COUNTY MED. SOC.
RADIOLOGY
DIAGNOSTIC RADIOLOGY
- Ogden, McAlpine P, DO (Ret)**
(H) 801 Gillaspie Dr, #206
Boulder, 80303 494-8312
BOULDER COUNTY MED. SOC.
GENERAL PRACTICE
GENERAL PREVENTIVE MED
NUTRITION
PHYSICAL MEDICINE & REHAB
RHEUMATOLOGY
- Oppenheimer, David A, MD**
1100 Balsam Ave
Boulder Community Hosp
Boulder, 80301 440-2170
(H) 5325 Gallatin Pl
Boulder, 80303 444-9538
BOULDER COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY
- Padrinos, Richard E, MD**
2800 Folsom Ave, #A
Boulder, 80302 443-6240
(H) 549 Linden Park Dr
Boulder, 80302 444-3566
BOULDER COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
FACIAL PLASTIC SURGERY
- Peshock, James R, MD**
PO Box 1351
Boulder, 80306 440-2147
(H) Box 1351
Boulder, 80306
BOULDER COUNTY MED. SOC.
ANESTHESIOLOGY
- Phillips, Barbara A, MD**
2355 Canyon Blvd, #204
Boulder, 80302 449-3594
(H) 3655 Moorhead
Boulder, 80303
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
- Pinto, Randolph A, MD**
2750 Broadway
Boulder, 80302
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Plazak, Dean J, MD**
2260 Baseline Rd, #105
Boulder, 80302 443-8131
BOULDER COUNTY MED. SOC.
PSYCHIATRY
LEGAL MEDICINE
- Pressley, Richard L, MD**
1000 Alpine Ave, #121
Boulder, 80302 447-8642
(H) 5860 Boulder Hills Dr
Longmont, 80501 776-9628
BOULDER COUNTY MED. SOC.
NEUROLOGICAL SURGERY
- Rabold, James G, MD**
2000 W South Boulder Rd, #A
Lafayette, 80026 449-5774
(H) 3845 Birchwood Dr
Boulder, 80302 444-5755
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Raybin, James B, MD**
737 29th St
Boulder, 80303 449-1939
(H) 865 Willowbrook Rd
Boulder, 80302 449-1984
BOULDER COUNTY MED. SOC.
PSYCHIATRY
- Rector, James B, MD**
933 Alpine Ave
Boulder, 80302 449-2730
(H) 4994 Oxford Rd
Longmont, 80501
BOULDER COUNTY MED. SOC.
ORTHOPEDIC SURGERY
HAND SURGERY
SPORTS MEDICINE

BOULDER

Rector, Susan E, MD

Boulder Comm Hosp
1100 Balsam
Boulder, 80302
(H) 4994 Oxford Rd
Longmont, 80501
BOULDER COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Replogle, Scott L, MD

1925 Mountain View
Longmont, 80501 651-7006
(H) 7014 Indian Peaks Tr
Boulder, 80301 530-7262
BOULDER COUNTY MED. SOC.
PLASTIC SURGERY

Rice, Glenn R, MD

1000 Alpine Ave
Boulder, 80302 443-8336
(H) 3555 9th
Boulder, 80302
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Rice, Lee E, MD

3405 Penrose Pl, #106
Boulder, 80301
(H) 290 Cactus Ct
Boulder, 80302 443-3518
BOULDER COUNTY MED. SOC.
OPHTHALMOLOGY

Rickard, Paul C, MD

3575 Broadway
Boulder, 80302 449-0933
(H) 365 Oakwood Pl
Boulder, 80302
BOULDER COUNTY MED. SOC.
DERMATOLOGY

Roberts, William A, MD

385 Broadway
Boulder, 80303 449-3770
(H) 2020 Kohler Dr
Boulder, 80303 499-9513
BOULDER COUNTY MED. SOC.
OPHTHALMOLOGY

Roos, Richard K, MD (Ret)

(H) 245 Devon Pl
Boulder, 80302
BOULDER COUNTY MED. SOC.
PEDIATRICS

Rosen, Gary B, MD

4150 Darley Ave
Boulder, 80303
BOULDER COUNTY MED. SOC.
CHILD PSYCHIATRY

Rossman, Mitchel G, MD

4682 White Rock Cir, #11
Boulder, 80301
(H) 3845 Birchwood Dr
Boulder, 80302
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE

Roter, David L, MD

2525 4th St, #201
Boulder, 80302 440-7941
(H) 2179 4 Mile Canyon Dr
Boulder, 80302
BOULDER COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Russell, George R, MD

1000 Alpine Ave, #50
Boulder, 80302 444-4864
(H) 3747 Wonderland Hill
Boulder, 80302 443-5638
BOULDER COUNTY MED. SOC.
DERMATOLOGY

Ryan, John P, MD

1136 Alpine St, #120
Boulder, 80302
(H) 3275 6th St
Boulder, 80302
BOULDER COUNTY MED. SOC.
ANESTHESIOLOGY

Salter, William J, MD

999 Alpine Ave, B
Boulder, 80302 444-1415
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Scaer, Robert C, MD

Boulder Mem Hosp
311 Mapleton
Boulder, 80302 441-0438
(H) 710 Grape Ave
Boulder, 80302
BOULDER COUNTY MED. SOC.
NEUROLOGY
PHYSICAL MEDICINE & REHAB

Schilling, Donald H, MD

1000 Alpine Ave, #111
Boulder, 80302 443-2771
(H) 3534 Kirkwood Pl
Boulder, 80302 447-0855
BOULDER COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Seale, William B, MD

PO Box 9019
Boulder, 80301 449-1065
(H) 1530 Cress Ct
Boulder, 80302 444-9138
BOULDER COUNTY MED. SOC.
RADIOLOGY

Shiovitz, William D, MD

1001 North St
Boulder, 80302 442-8840
(H) 2199 Juniper Ct
Boulder, 80302
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE

Simons, David R, MD

5305 Spine Rd
Boulder, 80301 530-3062
(H) 1550 Baseline
Boulder, 80302 443-4919
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Sitarik, Mark A, MD

1000 Alpine Ave, #201
Boulder, 80302
(H) 3048 S Lakeridge Tr
Boulder, 80302 443-3298
BOULDER COUNTY MED. SOC.
ONCOLOGY
HEMATOLOGY

Smith, Darvin W, MD

999 Alpine Ave
Whole Person Hlth Ctr
Boulder, 80302 449-4121
(H) 3228 9th St
Boulder, 80302 444-4747
BOULDER COUNTY MED. SOC.
ALCOHOL & DRUG ABUSE
PSYCHOSOMATIC MED

Snyder, Alan L, MD

2750 Broadway
Boulder, 80302 440-3102
(H) 1230 Wildwood Rd
Boulder, 80303
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE

Sowl, Duane D, MD

2040 Kohler Dr
Boulder, 80303 499-4757
(H) 2040 Kohler Dr
Boulder, 80303 494-6058
BOULDER COUNTY MED. SOC.
ANESTHESIOLOGY

Stein, Donald W, MD

PO Box M
Boulder, 80306 530-3318
(H) 7252 Old Post Rd
Boulder, 80301 530-4630
BOULDER COUNTY MED. SOC.
ANESTHESIOLOGY

Steinbaugh, John R, MD

3575 Broadway
Boulder, 80302 449-0985
(H) 680 W Hickory
Louisville, 80027
BOULDER COUNTY MED. SOC.
DERMATOLOGY

Stephens, George K III, MD

2111 Arapahoe
Boulder, 80302
(H) 660 Northstar Ct
Boulder, 80302 449-5244
BOULDER COUNTY MED. SOC.
PEDIATRICS

Sternberg, Patrick E, MD

1000 Alpine
Boulder, 80302 449-3566
(H) 1000 Alpine, #291
Boulder, 80302 449-3566
BOULDER COUNTY MED. SOC.
NEUROLOGY

Stewart, James D, MD (Ret)

(H) 350 Ponca Pl, #233
Boulder, 80303
BOULDER COUNTY MED. SOC.

- Stjernholm, Melvin R, MD**
2525 4th St, #204
Boulder, 80302 444-4441
(H) 214 Mohawk Dr
Boulder, 80303 499-3124
BOULDER COUNTY MED. SOC.
ENDOCRINOLOGY & METABOLISM
- Stormo, Alan C, MD**
2617 Broadway
Boulder, 80302 449-6666
(H) 3733 Wonderland Hills
Boulder, 80302 449-5865
BOULDER COUNTY MED. SOC.
PLASTIC SURGERY
- Striplin, Michael R, MD**
5440 Conestoga Ct
Boulder, 80301 443-0687
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
OCCUPATIONAL MEDICINE
- Takahashi, William Y, MD**
1600 Mariposa
Boulder, 80302 444-1742
(H) 1600 Mariposa
Boulder, 80302
BOULDER COUNTY MED. SOC.
PEDIATRICS
- Thayer, David O, MD**
1000 Alpine St, #181
Boulder, 80302
(H) 1000 Oakdale Pl
Boulder, 80302 447-8199
BOULDER COUNTY MED. SOC.
OB & GYNCOLOGY
- Thompson, V James, MD**
5305 Spine Rd
Boulder, 80301 530-3062
(H) 4331 Paliway
Boulder, 80301
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Thron, Ann L, MD**
3303 Broadway
Boulder, 80302 449-6050
(H) 430 Christman Tree Dr
Boulder, 80302 443-9174
BOULDER COUNTY MED. SOC.
GENERAL PRACTICE
GYNECOLOGY
PUBLIC HEALTH
GENERAL PREVENTIVE MED
- Tripp, Warren I, MD**
2800 Folsom
Boulder, 80302 442-6260
(H) 134 W Sycamore Ln
Louisville, 80027 666-8449
BOULDER COUNTY MED. SOC.
OPHTHALMOLOGY
- Turnbow, Joe F, MD**
2750 Broadway
Boulder, 80302
(H) 945 Parkway Dr
Boulder, 80302 499-7536
BOULDER COUNTY MED. SOC.
EMERGENCY MEDICINE
- Turvey, B Edward Jr, MD**
2750 Broadway
Boulder, 80302 440-3067
(H) 1480 Oak Pl
Boulder, 80302 444-6601
BOULDER COUNTY MED. SOC.
CARDIOVASCULAR DISEASES
INTERNAL MEDICINE
- Vandenberg, Joseph P, MD**
2750 Broadway
Boulder, 80302 440-3036
BOULDER COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- Vito, Richard A, MD**
1650 Fillmore St
Denver, 80206 393-3000
(H) 1705 14th St, #324
Boulder, 80302
DIRECT CMS MEMBER
EMERGENCY MEDICINE
- Ward, Jonathan M, MD**
2525 4th St, #205
Boulder, 80302 442-2395
(H) 429 Highland
Boulder, 80302 442-2395
BOULDER COUNTY MED. SOC.
CARDIOLOGY
- Waters, Robert M, MD (Ret)**
(H) 2085 Balsam Dr
Boulder, 80302
BOULDER COUNTY MED. SOC.
GENERAL SURGERY
- Weber, Philip F, MD**
1000 Alpine Ave, #100
Boulder, 80302 449-5774
(H) 1076 Lincoln Pl
Boulder, 80302
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Whitehead, Stephen B, MD**
2750 Broadway
Boulder, 80302 440-3084
(H) 2115 Linden Ave
Boulder, 80302 444-3810
BOULDER COUNTY MED. SOC.
ALLERGY
INTERNAL MEDICINE
- Williams, William J, MD**
933 Alpine Ave
Boulder, 80302 449-2730
(H) 5095 Merritt Dr
Boulder, 80303
BOULDER COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- Wilson, Linda L, MD**
Colo Med Consultants Inc
PO Box 22024
Denver, 80222 759-0400
(H) 767 12th St
Boulder, 80302 447-1038
BOULDER COUNTY MED. SOC.
ANESTHESIOLOGY
- Winkler, James V, MD**
2525 S Downing St
Denver, 80210
(H) 880 College
Boulder, 80302
ARAPAHOE MED. SOC.
EMERGENCY MEDICINE
- Wittenberg, Ernst, MD (Ret)**
(H) 738 15th St
Boulder, 80302 442-5790
BOULDER COUNTY MED. SOC.
GYNECOLOGY
- Wolfe, Roy E, MD**
4150 Darley Ave, #3
Boulder, 80303 494-3342
(H) 1228 Clubhouse Dr
Broomfield, 80020
BOULDER COUNTY MED. SOC.
GENERAL PRACTICE
- Wood, Lorraine E, MD**
1000 Alpine, #100
Boulder, 80302 444-8835
(H) 863 14th St
Boulder, 80302 449-8818
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Woodland, John B, MD**
Community Med Ctr
2000 W South Boulder Rd
Lafayette, 80026
(H) 3802 Monterey Pl
Boulder, 80301 442-1349
INTERMOUNTAIN MED. SOC.
EMERGENCY MEDICINE
- Wright, Linda C, MD**
PO Box 14027
Boulder, 80308
(H) 4610 Almond Ln
Boulder, 80301
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
- Young, George T, MD**
2750 Broadway
Boulder, 80302
BOULDER COUNTY MED. SOC.
RHEUMATOLOGY
- Zick, H Rolan, MD**
Wardenburg Student Hlth
Service Campus Box 119
Boulder, 80309 492-5661
(H) 4848 Tanglewood Ct
Boulder, 80301 530-0150
BOULDER COUNTY MED. SOC.
GENERAL SURGERY
ADMINISTRATIVE MEDICINE
AEROSPACE MEDICINE
PUBLIC HEALTH
- Ziolkowski, Thomas J. M**
1446 Hover St
Longmont, 80501
(H) 9163 Pine Ridge Ln
Boulder, 80302
BOULDER COUNTY MED. SOC.
DERMATOLOGY

BOW MAR, CO

Holt, G Waltermann, MD

(H) 5500 Ridge Tr
Bow Mar, 80123 794-4246
DENVER MED. SOC.
NEUROLOGY

BRECKENRIDGE, CO

Coleman, Donald L, MD

PO Box 1537
Breckenridge, 80424
INTERMOUNTAIN MED. SOC.
TOXICOLOGY

Stonington, Oliver G, MD

PO Box 606
Breckenridge, 80424 453-2227
(H) Box 606
Breckenridge, 80424
DENVER MED. SOC.
UROLOGICAL SURGERY

Taber, Robert L Jr, MD

601 E 19th Ave
Denver, 80203
(H) PO Box 7396
Breckenridge, 80424 453-1720
DIRECT CMS MEMBER
EMERGENCY MEDICINE

BRIGHTON, CO

Brake, Janneutte, MD

1850 E Egbert
Brighton, 80601 659-4130
(H) 1960 Altura Blvd
Aurora, 80011 364-4443
AURORA-ADAMS COUNTY MED. SOC.
RADIOLOGY

Cardos, Stephen F, MD

183 S 18th Ave
Brighton, 80601 659-4248
(H) 313 S 21st Ave
Brighton, 80601
AURORA-ADAMS COUNTY MED. SOC.
PEDIATRICS

Carter, Clinton K, MD

7280 N Irving, #302
Westminster, 80030 429-1508
(H) 14722 Garfield St
Brighton, 80601
CLEAR CREEK VALLEY MED. SOC.
EMERGENCY MEDICINE
FAMILY PRACTICE

Dunkin, Don E, DO

8989 N Huron St
Thornton, 80221 427-5161
(H) 14531 Country Hills Dr
Brighton, 80601
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Grayson, David E, MD

PO Box 188
Brighton, 80601 659-0783
(H) 14470 County Hills
Brighton, 80601
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE
EMERGENCY MEDICINE

Hiner, John M, MD

1929 Egbert St, #C
Brighton, 80601 659-1872
(H) 14080 Country Hill Dr
Brighton, 80601
AURORA-ADAMS COUNTY MED. SOC.
INTERNAL MEDICINE

Howard, William L, MD

1850 Egbert St
Brighton, 80601
(H) 2208 Champlain
Boulder, 80301
AURORA-ADAMS COUNTY MED. SOC.
EMERGENCY MEDICINE

Hursh, Roger, MD

PO Box 98
Brighton, 80601 659-1531
(H) 1743 S Sherman
Denver, 80210
AURORA-ADAMS COUNTY MED. SOC.
EMERGENCY MEDICINE

Johnson, Scott S, MD

1929 E Egbert St
Brighton, 80601
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE

Lahey, Michael D, MD

1929 Egbert, #K
Brighton, 80601 659-4682
(H) 496 S 16th Ave
Brighton, 80601
AURORA-ADAMS COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Marks, Galen D, MD

PO Box 506
Brighton, 80601 659-1531
(H) 145 Cessna Dr
Erie, 80516
AURORA-ADAMS COUNTY MED. SOC.
RADIOLOGY

McCrary, Charles B, MD (Ret)

(H) 14370 Country Hills Dr
Brighton, 80601 659-1110
DENVER MED. SOC.
ANESTHESIOLOGY

McMullan, Kathryn L, MD

1929 Egbert, #K
Brighton, 80601
(H) 496 S 16th
Brighton, 80601
AURORA-ADAMS COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Munro, George F, MD

1929 E Egbert St
Platte Valley Clinic
Brighton, 80601 659-1152
(H) 16688 Telluride St
Brighton, 80601 659-4416
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE

Rose, Virgil J, DO

100001 N Washington St
North Denver Med Ctr
Denver, 80229 252-9086
(H) 1301 E 141st Ave
Brighton, 80601
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY

Sherman, Joseph M, MD

1929 Egbert St
PO Box 928
Brighton, 80601 659-6060
(H) PO Box 928
Brighton, 80601
AURORA-ADAMS COUNTY MED. SOC.
OB & GYNECOLOGY

Stephenson, Robert L, MD

1929 Egbert, #D
Brighton, 80601 659-5800
(H) 1120 Milwaukee St
Denver, 80206
DIRECT CMS MEMBER
INTERNAL MEDICINE

Tyburczy, Joseph A Jr, MD

1929 Egbert, #B
Brighton, 80601
(H) 16075 Lomand Cir
Brighton, 80601
AURORA-ADAMS COUNTY MED. SOC.
GENERAL SURGERY

Weaver, William D, MD

1929 Egbert, #B
Brighton, 80601 659-3306
(H) 6950 W Archer Pl
Lakewood, 80226
AURORA-ADAMS COUNTY MED. SOC.
GENERAL SURGERY

Zimik, Luithuk, MD

Brighton Med Clinic
70 S 20th Ave
Brighton, 80601 659-1042
(H) 333 S 22nd Ave Ct
Brighton, 80601 659-5502
AURORA-ADAMS COUNTY MED. SOC.
INTERNAL MEDICINE

BROOMFIELD - BURLINGTON

BROOMFIELD, CO

Benson, Louise E

(H) 1275 W 7th Ave
Broomfield, 80020
DENVER MED. SOC.

Bishop, Richard P, MD

11550 N Sheridan
Broomfield, 80020 465-2373
(H) 290 E 11th Ave
Broomfield, 80020
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Essig, Julia A, MD

80 Garden Ctr
Broomfield, 80020
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Franklin, D A, MD

Healthwatch
3400 Industrial Ln
Broomfield, 80020
BOULDER COUNTY MED. SOC.
GENERAL PRACTICE

Gomer, Lori M

(H) 2080 W 10th, #8-205
Broomfield, 80020
DENVER MED. SOC.

Gordon, John D, MD

11550 N Sheridan Blvd
Broomfield, 80020 465-2373
(H) 1740 Niagra St
Denver, 80220 329-3532
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Gorelik, Julia, MD

11550 N Sheridan Blvd
Broomfield, 80020 465-2373
(H) 3295 W 102nd Pl
Westminster, 80030
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Henderson, Kenneth R, DO

8989 Huron St
Denver, 80221 427-7750
(H) 130 E 11th Pl
Broomfield, 80020
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Hill, James R, MD

80 Garden Center
Broomfield, 80020 466-1866
(H) 1596 Wildwood Ln
Boulder, 80303 494-5916
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Kandel, Elisabeth E, MD

1022 Depot Hill Rd
Broomfield, 80020 465-2323
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Leistikow, David C, MD

1022 Depot Hill Rd
Broomfield, 80020 465-2323
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
HYPNOSIS
OB & GYNCOLOGY

Markel, William R, MD

80 Garden Office Ctr
Broomfield, 80020 466-1866
(H) 13624 S 124th St
Broomfield, 80020 466-3620
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Martin, Andrew J, DO

7325 Lowell Blvd
Westminster, 80030 428-7571
(H) 39 Douglas Dr S
Broomfield, 80020 466-0458
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE
FAMILY PRACTICE

Richardson, Scott K, MD

St Anthony Hosp
2551 W 84th Ave
Westminster, 80030
(H) 630 Quartz Way
Broomfield, 80020
DIRECT CMS MEMBER
EMERGENCY MEDICINE

Santoro, John A Jr, MD

10001 N Washington
Thornton, 80229 252-9981
(H) 1119 Par Rd
Broomfield, 80020 466-9100
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

Smythe, Stephanie, MD

80 Garden Center
Broomfield, 80020
(H) 305 Grouse Ct
Louisville, 80027
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Ting, J Karyl, MD

11550 N Sheridan
Broomfield, 80020
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Victoroff, Michael S, MD

830 Potomac Cir, #250
Aurora, 80011 360-6667
(H) 17 E 14th Pl
Broomfield, 80020 466-6324
DENVER MED. SOC.
FAMILY PRACTICE

Wolfe, Roy E, MD

4150 Darley Ave, #3
Boulder, 80303 494-3342
(H) 1228 Clubhouse Dr
Broomfield, 80020
BOULDER COUNTY MED. SOC.
GENERAL PRACTICE

BRUSH, CO

Goodman, Edward H, MD

2400 W Edison, #A
Brush, 80723 842-2833
(H) #6 Carrie Ct
Rolling Hills
Fort Morgan, 80701 867-6897
MORGAN COUNTY MED. SOC.
FAMILY PRACTICE

Kulp, Robert L, MD (Ret)

(H) 317 Stanford
Brush, 80723
MORGAN COUNTY MED. SOC.
FAMILY PRACTICE

BUENA VISTA, CO

Kirkpatrick, Glen R, MD

36 Oak St
PO Box 1742
Buena Vista, 81211
CHAFFEE COUNTY MED. SOC.
FAMILY PRACTICE

Loeffel, Edwin J Jr, MD

Box 415
Buena Vista, 81211
CHAFFEE COUNTY MED. SOC.
RADIOLOGY

McCallon, T Dwaine, MD

PO Box 1742
Buena Vista, 81211 (719)395-2482
CHAFFEE COUNTY MED. SOC.
PEDIATRICS

Vaughan, Robert T Jr, MD

36 Oak St
PO Box 1742
Buena Vista, 81211
CHAFFEE COUNTY MED. SOC.
FAMILY PRACTICE

BURLINGTON, CO

Beethe, Raymond C, MD (Ret)

(H) 417 Oak St
Burlington, 80807 (719)346-8330
EASTERN COLORADO MED. SOC.
GENERAL PRACTICE

Hoppe, Wayne E, MD

291 15th St
Burlington, 80807 (719)346-5301
(H) 1819 Senter Ave
Burlington, 80807 (719)346-7932
EASTERN COLORADO MED. SOC.
GENERAL PRACTICE

BURLINGTON - CARBONDALE

Ross, Clarence L, MD
1177 Rose Ave
Burlington, 80807 (719)346-5521
EASTERN COLORADO MED. SOC.
GENERAL PRACTICE

Younger, David G, MD
328 14th St
Burlington, 80807 (719)346-8926
(H) 1680 Fay St
Burlington, 80807 (719)346-7244
EASTERN COLORADO MED. SOC.
FAMILY PRACTICE

CANON CITY, CO

Banker, Michael W, MD
1145 Ohio Ave
Canon City, 81212
(H) 1113 Myrtle Ln
Canon City, 81212
FREMONT COUNTY MED. SOC.
FAMILY PRACTICE

Barnard, Michael D, MD
PO Box 1566
Canon City, 81212 (719)275-2301
(H) 654 Van Loo Rd
Canon City, 81212
FREMONT COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Black, William L, MD
St Thomas More Hosp, Emer Rm
Canon City, 81212
FREMONT COUNTY MED. SOC.
EMERGENCY MEDICINE

Bruffy, James L, MD
1145 Ohio Ave
PO Box 1125
Canon City, 81212 (719)275-8694
(H) 3101 Eastridge Ln
Canon City, 81212
FREMONT COUNTY MED. SOC.
UROLOGICAL SURGERY

Christensen, Robert W Jr, MD
1019 Sheridan
Canon City, 81212 (719)275-3381
FREMONT COUNTY MED. SOC.
EMERGENCY MEDICINE

Christie, George C, MD (Ret)
(H) 1026 Barr
Canon City, 81212 (719)275-5959
FREMONT COUNTY MED. SOC.
FAMILY PRACTICE

Grabow, Henry C, MD (Ret)
(H) 1116 Rudd Ave
Canon City, 81212 (719)275-3309
FREMONT COUNTY MED. SOC.
FAMILY PRACTICE

Greenlee, Lynn F, MD
1145 Ohio Ave, Box 789
Canon City, 81212 (719)275-7481
(H) 921 Ridgeview
Canon City, 81212
FREMONT COUNTY MED. SOC.
OPHTHALMOLOGY

Harris, Charles H, MD
1019 Sherman St
X-Ray Dept
Canon City, 81212
FREMONT COUNTY MED. SOC.
RADIOLOGY

Hildebrand, Jan S, MD
616 Yale Pl
Canon City, 81212 (719)275-2301
(H) 1323 Elm St
Canon City, 81212 (719)275-8383
FREMONT COUNTY MED. SOC.
GENERAL SURGERY

Ley, Eugene B, MD
888 N Orchard, #13
Canon City, 81212
(H) 3065 E Hwy 50, Apt #H-4
Canon City, 81212
FREMONT COUNTY MED. SOC.
GENERAL SURGERY

Miller, John L, MD
610 Yale Pl
Canon City, 81212 (719)275-1597
(H) 1408 Allison
Canon City, 81212 (719)275-3878
FREMONT COUNTY MED. SOC.
FAMILY PRACTICE

Miller, Katherine M, MD
610 Yale Pl
Canon City, 81212 (719)275-1597
(H) 1408 Allison
Canon City, 81212 (719)275-3878
FREMONT COUNTY MED. SOC.
FAMILY PRACTICE

Mohr, Gary Alan, MD
730 Macon Ave
Canon City, 81212 (719)275-1618
FREMONT COUNTY MED. SOC.
FAMILY PRACTICE

Page, Donald F, MD (Ret)
1145 Ohio
Canon City, 81212 (719)275-7481
FREMONT COUNTY MED. SOC.
OPHTHALMOLOGY

Potter, Donald E, MD
1145 Ohio Ave, #B
Canon City, 81212 (719)275-8646
(H) 1426 Lombard
Canon City, 81212
FREMONT COUNTY MED. SOC.
FAMILY PRACTICE

Ritchie, Darvin R, MD
614 Yale Pl
PO Box 1566
Canon City, 81212 (719)275-3324
(H) 2315 Greenway Cir
Canon City, 81212 (719)275-4880
FREMONT COUNTY MED. SOC.
FAMILY PRACTICE

Ritchie, Gary L, MD
PO Box 1146
Canon City, 81212 (719)275-7429
(H) 3110 Eastridge Ln
Canon City, 81212
FREMONT COUNTY MED. SOC.
FAMILY PRACTICE

Roller, Lothar K, MD
612 Yale Pl
Canon City, 81212 (719)275-0966
(H) 1900 Grand Ave
Canon City, 81212
FREMONT COUNTY MED. SOC.
RADIOLOGY
NUCLEAR MEDICINE

Sindler, Marc A, MD
215 N 5th St
Canon City, 81212 (719)275-4137
(H) 2000 York
Canon City, 81212 (719)275-3079
FREMONT COUNTY MED. SOC.
FAMILY PRACTICE

Tracy, Herbert A, MD
755 Piedra
Canon City, 81212
FREMONT COUNTY MED. SOC.
FAMILY PRACTICE

Vincent, Jack F, MD
1335 Phay Ave
Canon City, 81212 (719)275-7529
(H) 3111 Eastridge Ln
Canon City, 81212
FREMONT COUNTY MED. SOC.
FAMILY PRACTICE

CARBONDALE, CO

Herrington, Richard A, MD
1340 St Hwy 133
Carbondale, 81623 963-3350
MT. SOPRIS COUNTY MED. SOC.
FAMILY PRACTICE

Johnson, Bernarr B, MD
14628 Hwy 133
Carbondale, 81623
MT. SOPRIS COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Knaus, Gary D, MD
1340 St Hwy 133
Carbondale, 81623 963-3350
(H) 240 Crystal Rd
Carbondale, 81623
MT. SOPRIS COUNTY MED. SOC.
FAMILY PRACTICE

CASTLE PINES - COLORADO SPRINGS

CASTLE PINES, CO

Odekirk, Larry L, DO

1390 Chambers Rd
Aurora, 80011

341-4200

(H) 310 Quito Pl

Castle Pines, 80104

660-9403

AURORA-ADAMS COUNTY MED. SOC.

GENERAL PRACTICE

Terbush, James W, MD

1001 S Briscoe
Castle Rock, 80104

(H) 1927 W Tomah Rd

Castle Rock, 80104

ARAPAHOE MED. SOC.

FAMILY PRACTICE

AEROSPACE MEDICINE

COLORADO CITY, CO

Stelle, Robert E, MD

PO Box 51

Colorado City, 81019

(H) Box 51

Colorado City, 81019

(719)676-3342

PUEBLO COUNTY MED. SOC.

FAMILY PRACTICE

CASTLE ROCK, CO

Baker, Ronald K, MD

850 E Harvard Ave, #355
Denver, 80210

778-7910

(H) 8415 N Pinewood Dr

Castle Rock, 80104

ARAPAHOE MED. SOC.

ANESTHESIOLOGY

CEDAREDGE, CO

Frey, Charles T, MD

620 S Grand Mesa Dr

Cedaredge, 81413

856-3111

(H) 230 SE Frontier Dr

Cedaredge, 81413

856-3131

DELTA COUNTY MED. SOC.

FAMILY PRACTICE

CARDIOVASCULAR DISEASES

COLORADO SPRINGS, CO

Adams, Ralph W, MD (Ret)

(H) 3927 Linden Cr

Colorado Springs, 80907

(719)598-1374

EL PASO COUNTY MED. SOC.

INTERNAL MEDICINE

CARDIOVASCULAR DISEASES

Burmeister, Glen E, MD

3576 S Logan St
Englewood, 80110

(H) 342 Tamasoa Pl

Castle Rock, 80104

688-9877

ARAPAHOE MED. SOC.

DIAGNOSTIC RADIOLOGY

Nevarez, Max A Jr, MD

PO Box 460

Cedaredge, 81413

856-6565

(H) PO Box 460

Cedaredge, 81413

DELTA COUNTY MED. SOC.

FAMILY PRACTICE

Adasek, Peter J, MD

2512 N Cascade Ave

Colorado Springs, 80907

(719)473-6100

EL PASO COUNTY MED. SOC.

PEDIATRICS

Haley, A Thomas, MD (Ret)

5273 N Mesa Dr

Castle Rock, 80101

DENVER MED. SOC.

GENERAL SURGERY

CHERRY HILLS, CO

Cooper, Daniel R, MD

10 Parkway Dr

Cherry Hills, 80110

394-6892

CLEAR CREEK VALLEY MED. SOC.

ANESTHESIOLOGY

Heaton, Warren A, MD

610 Hwy 86

Castle Rock, 80104

688-4844

(H) 619 Lewis St

Castle Rock, 80104

ARAPAHOE MED. SOC.

FAMILY PRACTICE

CHERRY HILLS VILLAGE, CO

Tralla, Michael A, MD

4200 W Conejos Pl, #116

Denver, 80204

425-0449

(H) 4621 S Lafayette

Cherry Hills Village, 80110

CLEAR CREEK VALLEY MED. SOC.

OTORHINOLARYNGOLOGY

HEAD & NECK SURGERY

Krebs, Jeffrey J, DO

1001 S Briscoe

Castle Rock, 80104

(H) 204 W Prestwick Dr

Castle Rock, 80104

ARAPAHOE MED. SOC.

FAMILY PRACTICE

Albrecht, David W, MD

1715 N Weber St, #360

Colorado Springs, 80907

(719)475-9574

(H) 485 Brandywine

Colorado Springs, 80906

(719)576-7970

EL PASO COUNTY MED. SOC.

INTERNAL MEDICINE

Anderson, James T, MD

25 E Jackson St, #104

Colorado Springs, 80907

(719)473-3550

(H) 105 Cypress Ln

Colorado Springs, 80906

(719)634-7263

EL PASO COUNTY MED. SOC.

CARDIOVASCULAR SURGERY

THORACIC SURGERY

Anderson, Judson T, MD

1622 Rainier Dr

Colorado Springs, 80910

(719)471-2350

(H) 7440 Antelope Ln

Colorado Springs, 80918

(719)598-5038

EL PASO COUNTY MED. SOC.

PSYCHIATRY

Anderson, Paul N, MD

320 E Fontanero St, #100

Colorado Springs, 80907

(719)632-1516

(H) 32 Sanford Rd

Colorado Springs, 80906

(719)471-4581

EL PASO COUNTY MED. SOC.

ONCOLOGY

NEOPLASTIC DISEASES

INTERNAL MEDICINE

Near, Alida R, MD

850 E Harvard Ave, #355

Denver, 80210

778-7910

(H) 58 Glenalla Pl

Castle Rock, 80104

688-5106

ARAPAHOE MED. SOC.

ANESTHESIOLOGY

CHEYENNE WELLS, CO

Keefe, Jerome L, MD

Box 98

Cheyenne Wells, 80810

(719)767-5669

(H) Box 98

Cheyenne Wells, 80810

(719)767-5529

EASTERN COLORADO MED. SOC.

GENERAL PRACTICE

Scott, Jeffrey R, MD

8200 E Belleview Ave, #204

Englewood, 80111

779-5437

(H) 7349 Rochester Ct

Castle Rock, 80104

ARAPAHOE MED. SOC.

PEDIATRICS

Anderson, W Dale, MD

2910 Austin Bluffs Pkwy

Colorado Springs, 80907

(719)599-9711

(H) 4721 Brady Pl

Colorado Springs, 80915

EL PASO COUNTY MED. SOC.

OPHTHALMOLOGY

Ansfield, Michael J, MD
1725 E Boulder, #204
Colorado Springs, 80909 (719)471-1069
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
PULMONARY DISEASES

Arguello-Rudin, Oscar G, MD
1725 E Boulder, #102
Colorado Springs, 80909 (719)596-6176
(H) 1210 Northfield Rd
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
GENERAL SURGERY

Ball, John H, MD
2130 E La Salle St
Colorado Springs, 80909 (719)632-7641
(H) 2690 Whispering Ter
Colorado Springs, 80917 (719)591-8813
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
NEPHROLOGY

Ballard, Phillip W, MD
1255 Lake Plaza Dr, #140
Colorado Springs, 80906 (719)576-3901
(H) 1250 Winding Ridge Ter
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE
PSYCHIATRY & NEUROLOGY

Barley, Leonard V Jr, MD
230 E Yampa
Colorado Springs, 80903 (719)635-5315
(H) 2025 Roco Roja
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
PSYCHIATRY
PSYCHOSOMATIC MED
ADOLESCENT MEDICINE

Baron, J Gregory, MD
2920 N Cascade
Colorado Springs, 80907 (719)636-3937
(H) 28 Pourtales Rd
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Barrick, Steven J, DO
2141 N Academy Cir, #102
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.

Baswell, Bonnie J, MD
1255 Lake Plaza Dr, #126
Colorado Springs, 80906 (719)579-0730
(H) 3209 Springridge Dr
Colorado Springs, 80906 (719)576-2733
EL PASO COUNTY MED. SOC.
ALLERGY & IMMUNOLOGY

Bates, Thomas R, MD
2215 N Cascade Ave
Dept Of Radiology
Colorado Springs, 80907 (719)630-3135
(H) 2823 N Chelton Rd
Colorado Springs, 80909 (719)475-2886
EL PASO COUNTY MED. SOC.
RADIOLOGY

Beadles, Robert O Jr, MD (Ret)
(H) 115 W Columbia St
Colorado Springs, 80907 (719)634-5220
EL PASO COUNTY MED. SOC.
UROLOGICAL SURGERY

Bell, Richard A, MD
2125 E La Salle St
Colorado Springs, 80909 (719)473-3272
(H) 2460 San Carlos Cir
Colorado Springs, 80909 (719)471-9232
EL PASO COUNTY MED. SOC.
NEUROLOGY

Benchwick, Paul L, DO
115 Barnes Ave
Colorado Springs, 80909 (719)632-5504
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE

Bengfort, John L, MD
2130 E La Salle St
Colorado Springs, 80909 (719)632-7641
(H) 1215 Northfield Rd
Colorado Springs, 80919 (719)598-7741
EL PASO COUNTY MED. SOC.
NEPHROLOGY

Berman, Michael L, MD
1519 E Boulder St
Colorado Springs, 80909 (719)473-6060
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Berson, Deane S, MD
1414 N Nevada Ave
Colorado Springs, 80907 (719)475-8038
EL PASO COUNTY MED. SOC.
PSYCHIATRY
CHILD PSYCHIATRY

Berthrong, Morgan, MD
2215 N Cascade
PO Box 7021
Colorado Springs, 80933
EL PASO COUNTY MED. SOC.
PATHOLOGY

Beyer, Eugene F, MD
801 N Cascade Ave
Colorado Springs, 80903 (719)633-1725
(H) 708 Count Pourtales Dr
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
DERMATOLOGY

Bianco, Peter M, DO
2504 E Pikes Peak Ave, #205
Colorado Springs, 80909 (719)632-8177
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Bildstein, Rodger D, MD
25 E Jackson
Colorado Springs, 80907 (719)475-7700
(H) 3900 Templeton Gap Rd
Colorado Springs, 80907 (719)598-0730
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE

Black, Elizabeth, MD
825 E Pikes Peak Ave
Colorado Springs, 80903
(H) 7801 E Windwood Way
Parker, 80134
EL PASO COUNTY MED. SOC.

Blake, Clyde D, MD (Ret)
(H) 1078 Fontmore Rd, #D
Colorado Springs, 80904
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Blattspieler, S F, MD
1715 N Weber St, #260
Colorado Springs, 80907 (719)475-9212
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Blocker, Sterling H, MD
1725 E Boulder, #203
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
GENERAL SURGERY

Blonder, Ronald D, DO
721 N Tejon St
Colorado Springs, 80903 (719)635-7172
EL PASO COUNTY MED. SOC.
CARDIOLOGY
INTERNAL MEDICINE

Bodman, Stephen F, MD
2709 N Tejon St
Colorado Springs, 80907 (719)473-0872
(H) 1625 Timber Valley Rd
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
ALLERGY & IMMUNOLOGY
ALLERGY
ASTHMA

Borgstede, James P, MD
1715 N Weber St, #120
Colorado Springs, 80907 (719)471-2132
(H) 3995 Kakatosi Ln
Colorado Springs, 80908
EL PASO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Bowerman, David L, MD
St Francis Hosp
800 E Pikes Peak
Colorado Springs, 80903 (719)636-8666
(H) 17 Leaming Rd
Colorado Springs, 80906 (719)630-0848
EL PASO COUNTY MED. SOC.

PATHOLOGY
CLINICAL PATHOLOGY
ANATOMIC PATHOLOGY
FORENSIC PATHOLOGY
TOXICOLOGY

Brady, E James, MD
(H) 2658 Spg Grove Ter
Colorado Springs, 80906 (719)576-1770
EL PASO COUNTY MED. SOC.
PSYCHIATRY

COLORADO SPRINGS

Bramschreiber, Jerome L, MD

3910 S Carefree Cir, #G
Colorado Springs, 80917 (719)591-0595
(H) 2215 Oakridge Ln
Colorado Springs, 80915
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
GASTROENTEROLOGY

Brassfield, T Scott, MD

3220 N Academy Blvd, #5
Colorado Springs, 80917 (719)824-3252
(H) 4850 Brown Valley Ln
Colorado Springs, 80918
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Brightwell, Nathan L, MD

1715 N Weber St, #220
Colorado Springs, 80907 (719)471-3246
(H) 1330 Cedar Ridge Ln
Colorado Springs, 80919 (719)598-3416
EL PASO COUNTY MED. SOC.
GENERAL SURGERY
TRAUMATIC SURGERY
VASCULAR SURGERY

Bristow, John W, MD

1675 Briargate Blvd
Colorado Springs, 80920
(H) 1075 War Eagle Dr N
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Brown, Frederick B, MD

3910 Carefree Cir S, #B
Colorado Springs, 80917 (719)591-8850
(H) 1519 Stardust Dr
Colorado Springs, 80906 (719)633-1599
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Brown, Jeffrey M, MD

722 S Wahsatch
Colorado Springs, 80903
(H) 525 N Weber, #3-13
Colorado Springs, 80903
EL PASO COUNTY MED. SOC.
PEDIATRICS

Brown, Samuel H, MD

2920 N Cascade Ave
Colorado Springs, 80907 (719)633-0891
(H) 3 Penrose Blvd
Colorado Springs, 80906 (719)634-4575
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Brumfield, Robert A, MD

4020 E Palmer Park Blvd
Colorado Springs, 80909 (719)596-5444
(H) 206 W Cheyenne Mtn Blvd
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Brusenhan, J Richard, MD

4020 Palmer Park Blvd
Colorado Springs, 80909 (719)596-3344
(H) 2110 Payton Cir
Colorado Springs, 80915 (719)597-3969
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Buchanan, Kay M, MD

320 E Fontanero St, #106
Colorado Springs, 80907
(H) 6670 Mesedge Dr
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
GYNECOLOGY

Burdick, Duncan C, MD

PO Box 7021-Radiology
2215 N Cascade Ave
Colorado Springs, 80933 (719)630-5242
(H) 3207 Austin Pl
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
NUCLEAR MEDICINE
RADIOLOGY

Burton, Richard M, MD

PO Box 7021
Colorado Springs, 80933 (719)630-5333
(H) 695 Carved Ter Way
Colorado Springs, 80919 (719)599-8743
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE
SPORTS MEDICINE
INTERNAL MEDICINE

Butler, Larry J, MD

1725 E Boulder, #102
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
GENERAL SURGERY

Cadigan, Robert A Jr, MD

25 E Jackson St, #301
Colorado Springs, 80907 (719)634-6671
(H) 27 Tanglewood Dr
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
CARDIOLOGY

Caltrider, Nieca D, MD

3910 Carefree Cir S, #F
Colorado Springs, 80917 (719)574-1654
DIRECT CMS MEMBER
OPHTHALMOLOGY

Campbell, Oliver P, MD

4020 Palmer Park Blvd
Colorado Springs, 80909 (719)597-1170
(H) 2403 Zane Pl
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
UROLOGICAL SURGERY

Cantor, Avrim, DO

2141 Academy Cir, #102
Colorado Springs, 80909 (719)597-4200
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Carlton, Robert E, MD

801 N Cascade, #27
Colorado Springs, 80903 (719)635-1526
(H) 2939 N Chelton Rd
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Carrls, Craig K, MD

320 E Fontanero, #200
Colorado Springs, 80907 (719)636-3811
(H) 124 W Columbia
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
UROLOGICAL SURGERY
INFERTILITY

Carris, James V, MD (Ret)

(H) 1334 Culebra Ave
Colorado Springs, 80903
EL PASO COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
OTOLOGY
MAXILLOFACIAL SURGERY
HEAD & NECK SURGERY

Caster, David U, MD

219 E St Vrain
Colorado Springs, 80903 (719)577-4774
EL PASO COUNTY MED. SOC.
PSYCHIATRY

Chatfield, John N Jr, MD

3585 Van Teylingen
Colorado Springs, 80917 (719)597-2420
(H) 1604 Wood Ave
Colorado Springs, 80907 (719)635-1844
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY
INFERTILITY

Chittum, Mark E, MD

455 E Pikes Peak Ave, #309
Colorado Springs, 80903 (719)473-9595
(H) 4215 C Autumn Heights
Colorado Springs, 80906 (719)576-9715
DIRECT CMS MEMBER
OPHTHALMOLOGY

Christiansen, John M, MD

555 E Pikes Peak Ave, #102
Colorado Springs, 80903 (719)632-0264
(H) 11 W Cheyenne Blvd
Colorado Springs, 80906 (719)630-1763
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Ciccone, William J, MD

3253 Serendipity Cir W
Colorado Springs, 80917 (719)597-6816
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Clark, Douglas P, MD

7608 N Union Blvd, #E
Colorado Springs, 80920
(H) 17735 Shiloh Pines Dr
Box 1590
Monument, 80132
DIRECT CMS MEMBER
FAMILY PRACTICE

Clark, Phyllis V, MD

1715 N Weber, #360
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE

Clayton, William D, MD

4295 Austin Bluffs, #203
Colorado Springs, 80918
EL PASO COUNTY MED. SOC.
ANESTHESIOLOGY

Cohen, Elliot S, MD
 955 E Colorado Ave
 Centerpoint Med Plaza
 Colorado Springs, 80903 (719)633-5800
 EL PASO COUNTY MED. SOC.
 PSYCHIATRY

Cohen, Milton I, MD
 211 Chatham Dr
 Colorado Springs, 80906
 EL PASO COUNTY MED. SOC.
 INTERNAL MEDICINE
 EMERGENCY MEDICINE

Cole, Brian, MD
 1901 N Union Blvd, #102
 Colorado Springs, 80909
 EL PASO COUNTY MED. SOC.
 CARDIOVASCULAR DISEASES

Cole, Larry W, MD
 625 N Cascade Ave, #300
 Colorado Springs, 80903 (719)471-1763
 (H) 820 Appian Ct
 Colorado Springs, 80906
 EL PASO COUNTY MED. SOC.
 DERMATOLOGY

Cole, Norman G Jr, MD
 1519 E Boulder St
 Colorado Springs, 80909 (719)633-2651
 (H) 945 Brighton Way
 Colorado Springs, 80906
 EL PASO COUNTY MED. SOC.
 OB & GYNECOLOGY
 INFERTILITY

Conde, Richard L, MD
 2131 N Tejon St
 Colorado Springs, 80907 (719)630-0338
 (H) 11 El Encanto Dr
 Colorado Springs, 80906 (719)633-4786
 EL PASO COUNTY MED. SOC.
 PSYCHIATRY

Cook, Julius E, MD
 719 N Cascade Ave
 Colorado Springs, 80903 (719)632-8360
 EL PASO COUNTY MED. SOC.
 INTERNAL MEDICINE
 GASTROENTEROLOGY

Cooper, Jack, MD
 1608 N Circle
 Colorado Springs, 80909 (719)634-8891
 (H) 2710 N Chelton Rd
 Colorado Springs, 80909 (719)632-0779
 EL PASO COUNTY MED. SOC.
 FAMILY PRACTICE

Cramer, Lester M, MD
 1715 N Weber St, #300
 Colorado Springs, 80907 (719)630-7771
 (H) 519 Pluto Ave
 Colorado Springs, 80906
 EL PASO COUNTY MED. SOC.
 FACIAL PLASTIC SURGERY
 HAND SURGERY
 MAXILLOFACIAL SURGERY
 PLASTIC SURGERY

Crawford, Lewis A, MD
 1725 N Weber
 Colorado Springs, 80907 (719)632-6676
 (H) 2325 Monteagle
 Colorado Springs, 80909
 EL PASO COUNTY MED. SOC.
 FAMILY PRACTICE

Cresswell, George F, MD
 PO Box 640
 2135 Southgate Rd
 Colorado Springs, 80901 (719)633-4114
 EL PASO COUNTY MED. SOC.
 CHILD PSYCHIATRY
 PSYCHIATRY

Crissey, Michael M, MD
 320 E Fontonero, #200
 Colorado Springs, 80907 (719)636-3811
 (H) 1619 Wood Ave
 Colorado Springs, 80907 (719)630-7999
 EL PASO COUNTY MED. SOC.
 UROLOGICAL SURGERY

Crouch, W B, MD (Ret)
 (H) 2929 N Chelton Rd
 Colorado Springs, 80909 (719)473-3783
 EL PASO COUNTY MED. SOC.
 OB & GYNECOLOGY

Crowe, Daniel J, MD
 722 S Wahsatch
 Colorado Springs, 80903
 EL PASO COUNTY MED. SOC.
 INTERNAL MEDICINE

Cunningham, Leon D, MD
 625 N Cascade Ave, #300
 Colorado Springs, 80903 (719)471-1763
 (H) 85 Arequa Ridge
 Colorado Springs, 80919
 EL PASO COUNTY MED. SOC.
 DERMATOLOGY

Davidson, Allan B, MD
 1725 E Boulder, #204
 Colorado Springs, 80909 (719)471-1069
 (H) 590 Thames Dr
 Colorado Springs, 80906
 EL PASO COUNTY MED. SOC.
 INTERNAL MEDICINE
 PULMONARY DISEASES

Davis, Herbert A, MD
 2989 Broadmoor Valley Rd
 Colorado Springs, 80906 (719)576-4855
 (H) 27 Briarwood Pl
 Colorado Springs, 80906 (719)630-8956
 EL PASO COUNTY MED. SOC.
 PSYCHIATRY

Davis, Roger W, MD
 2215 N Cascade Ave
 Colorado Springs, 80907 (719)630-5789
 (H) 5330 Lomita Rd
 Colorado Springs, 80918
 EL PASO COUNTY MED. SOC.
 PHYSICAL MEDICINE & REHAB

Dawson, Donald L, MD
 2215 N Cascade Ave
 Colorado Springs, 80907 (719)630-5816
 EL PASO COUNTY MED. SOC.
 PATHOLOGY
 CLINICAL PATHOLOGY
 ANATOMIC PATHOLOGY
 BLOOD BANKING PATHOLOGY
 HEMATOLOGY

Dawson, Dwight C, MD (Ret)
 (H) 9 Haney Rd
 Colorado Springs, 80906 (719)632-2841
 EL PASO COUNTY MED. SOC.
 FAMILY PRACTICE

Day, James H Jr, MD
 1355 Northface Ct
 Colorado Springs, 80919
 EL PASO COUNTY MED. SOC.
 DIAGNOSTIC RADIOLOGY

Deal, Terry D, MD
 5955 Lehman Dr
 Colorado Springs, 80907 (719)598-7150
 (H) 775 Country Dr
 Monument, 80132
 EL PASO COUNTY MED. SOC.
 OB & GYNECOLOGY

Delaney, Jane, MD
 2125 E LaSalle St
 Colorado Springs, 80909 (719)473-3272
 (H) 1975 Hunters Point Ln
 Colorado Springs, 80919
 EL PASO COUNTY MED. SOC.
 NEUROLOGY

Derry, Donald G
 10920 Thomas Rd
 Colorado Springs, 80908 (719)495-4393
 (H) 10920 Thomas Rd
 Colorado Springs, 80908 (719)495-2191
 HONORARY MED. SOC.

Deverell, William F, MD
 25 E Jackson
 Colorado Springs, 80907 (719)634-6611
 (H) 7438 Stonecrop Ct
 Colorado Springs, 80919 (719)599-5829
 EL PASO COUNTY MED. SOC.
 ORTHOPEDIC SURGERY

Dewell, Larry M, MD
 4020 Palmer Park
 Colorado Springs, 80909 (719)596-5444
 (H) 1414 Wood Ave
 Colorado Springs, 80907
 EL PASO COUNTY MED. SOC.
 ORTHOPEDIC SURGERY

DiAsio, Richard A, MD
 625 N Cascade Ave
 Colorado Springs, 80903
 (H) 7446 Stonecrop Ct
 Colorado Springs, 80919
 EL PASO COUNTY MED. SOC.
 OCCUPATIONAL MEDICINE
 AEROSPACE MEDICINE
 FAMILY PRACTICE

COLORADO SPRINGS

Diffie, Joe T, MD

Penrose Hospital
Colorado Springs, 80907 (719)630-5135
(H) Aspen Acres
Woodland Park, 80863
EL PASO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Dillon, Jack T, MD

825 E Pikes Peak Ave
Colorado Springs, 80903 (719)636-8855
(H) 511 Orion Pl
Colorado Springs, 80906 (719)634-5214
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

Dillon, Robert F, MD

1715 N Weber St
Colorado Springs, 80907 (719)636-3707
(H) 2727 Marilyn Rd
Colorado Springs, 80909 (719)635-3762
EL PASO COUNTY MED. SOC.
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY

DiNapoli, Jim, MD

33 Barnes Ave
Colorado Springs, 80909
(H) PO Box 5770
Woodland Park, 80866
NORTHWESTERN COLORADO MED. SOC.
EMERGENCY MEDICINE

Diugos, Thomas P, MD

309 E Espanola
Colorado Springs, 80907 (719)471-7252
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Donahue, Lawrence P, MD

4020 E Palmer Park Blvd, #103-C
Colorado Springs, 80909 (719)596-6883
(H) 11 Woodmen Ln
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE

Dougan, Robert P, MD

PO Box 8074
Colorado Springs, 80933 (719)599-8447
(H) 1260 Winding Ridge Ter
Colorado Springs, 80919 (719)599-0493
EL PASO COUNTY MED. SOC.
ANESTHESIOLOGY

Drabing, John H, DO

125 Swope
PO Box 16490
Colorado Springs, 80935 (719)635-2589
(H) 275 Hidden Valley Rd
Colorado Springs, 80919 (719)598-6123
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

DuBois, David D, MD

2727 N Tejon St
Colorado Springs, 80907 (719)632-1818
(H) 4 Gentry Ln
Colorado Springs, 80906 (719)634-1200
EL PASO COUNTY MED. SOC.
PLASTIC SURGERY

Duster, Mark C, MD

1725 E Boulder, #202
Colorado Springs, 80909
(H) 3115 Cedar Heights Dr
Colorado Springs, 80904
EL PASO COUNTY MED. SOC.
PEDIATRIC CARDIOLOGY

Dye, Charley W, MD

1622 Rainer Dr
Colorado Springs, 80910 (719)471-2350
(H) 1819 Stardust Dr
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
PSYCHIATRY

Edgerton, James R, MD

1725 E Boulder St, #104
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
CARDIOVASCULAR SURGERY
THORACIC SURGERY

Edwards, James E, MD

2107 Templeton Gap Rd, G
Colorado Springs, 80907 (719)635-1587
(H) 2727 N Chelton Rd
Colorado Springs, 80909 (719)643-3410
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Ellias, Andrew R, DO

206 E Cheyenne Mt Blvd
Colorado Springs, 80906 (719)540-5700
(H) 3830 Roxbury Ct
Colorado Springs, 80906 (719)540-5791
EL PASO COUNTY MED. SOC.

Elwonger, David M, MD

230 E Yampa
Colorado Springs, 80903 (719)635-5315
EL PASO COUNTY MED. SOC.
PSYCHIATRY

Ely, Janet L, DO

1710 E Pikes Peak, #102
Colorado Springs, 80909 (719)635-8838
(H) 2139 Mt Washington Ave
Colorado Springs, 80906 (719)632-0327
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Emeis, William E, MD

1015 E Pikes Peak
Colorado Springs, 80903 (719)636-3783
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Ernster, Joel A, MD

The Ear Nose & Throat Cl
715 N Cascade
Colorado Springs, 80903
(H) 5160 Engleman Ct
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
HEAD & NECK SURGERY

Evans, Richard O, MD

1255 Lake Plaza Dr, #140
Colorado Springs, 80906 (719)576-3901
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Everett, Ralph E, MD

619 N Cascade, #202
Colorado Springs, 80903 (719)577-9042
(H) 1510 N Nevada Ave
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
PSYCHIATRY
CHILD PSYCHIATRY

Faricy, Patrick O, MD

4020 Palmer Park Blvd
Colorado Springs, 80909 (719)597-1170
(H) 10 Upland Rd
Colorado Springs, 80906 (719)632-9767
EL PASO COUNTY MED. SOC.
UROLOGICAL SURGERY

Fawcett, Newton W, MD (Ret)

(H) 5206 Kissing Camels Dr, #B-5
Colorado Springs, 80904 (719)634-7535
EL PASO COUNTY MED. SOC.
GENERAL PRACTICE

Feiler, Frederic C, MD

4020 E Palmer Park Blvd
Colorado Springs, 80909 (719)596-5444
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Feldman, Laura L, DO

1301 S 8th St, #300
Colorado Springs, 80906 (719)578-1115
(H) 343 Gold Camp Rd
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Fellhauer, Daniel R, MD

6197 Lehman Dr
Colorado Springs, 80918 (719)598-9446
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Fisher, H Calvin, MD (Ret)

1915 Tesla Dr
Colorado Springs, 80909 (719)944-2316
CHAFFEE COUNTY MED. SOC.
FAMILY PRACTICE
GENERAL SURGERY

Fitzgerald, Edward M, MD

2125 LaSalle St, #202
Colorado Springs, 80909 (719)636-2366
(H) 1823 N Cascade
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Fixott, Richard S, MD (Ret)

(H) 1062 A Fontmore Rd
Colorado Springs, 80904 (719)475-1610
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Foerster, Robert J, MD

2920 N Cascade
Colorado Springs, 80907 (719)636-3937
(H) 14 Berthe Cir
Colorado Springs, 80906 (719)630-3706
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Ford, Jack, MD
1715 N Weber St, #330
Colorado Springs, 80907 (719)475-1810
(H) 3224 Bonne Vista
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY
INFERTILITY

Foster, Robert J, MD
629 N Nevada Ave
Colorado Springs, 80903 (719)632-7669
(H) 4245 D Autumn Hts Dr
Colorado Springs, 80906 (719)576-8849
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY
HAND SURGERY

Freda, Paul D, MD
955 E Colorado Ave
Colorado Springs, 80903
(H) 3340 Marble Ter
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
PSYCHIATRY

Fredericks, Charles E, MD
(H) 710 Regulus Dr
Colorado Springs, 80906
DENVER MED. SOC.
FAMILY PRACTICE

Freedman, William W, MD
2310 N Tejon St
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

Gage, R Wayne, MD
2131 N Tejon St, #L-3
Colorado Springs, 80907 (719)636-3701
(H) 6724 Bishop Dr
Colorado Springs, 80918
DIRECT CMS MEMBER
FAMILY PRACTICE

Gamblin, Kenneth R, MD
963 E Colorado Ave
Colorado Springs, 80903 (719)578-1119
(H) 220 Elm Cir
Colorado Springs, 80906 (719)635-7565
EL PASO COUNTY MED. SOC.
PSYCHIATRY

Garland, James W, DO
311 N Union Blvd
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
ANESTHESIOLOGY

Garry, Stephen H, MD
Memorial Hosp
Colorado Springs, 80909 (719)475-5221
(H) 2054 Palm Dr
Colorado Springs, 80907 (719)676-5928
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

PRYOR, CARNEY AND JOHNSON
ATTORNEYS AND COUNSELORS AT LAW
Please see our ad in the front section. 771-6200

Gazibara, Donald P, MD
4020 E Palmer Park Blvd
Colorado Springs, 80909 (719)596-5444
(H) 1850 Arroya
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Genrich, John H, MD
306 E Del Norte
Colorado Springs, 80907 (719)473-0707
EL PASO COUNTY MED. SOC.
PEDIATRICS

Gerrard-Gough, Brodie, MD
209 S Nevada Ave
Colorado Springs, 80903 (719)475-7700
(H) 11745 Meridian Rd
Falcon, 80831 495-3958
DIRECT CMS MEMBER
GENERAL SURGERY
THORACIC SURGERY
AMBULATORY MEDICINE
COLON & RECTAL SURGERY

Gibson, J Bradley, MD
2125 E La Salle St
Colorado Springs, 80909 (719)473-3272
EL PASO COUNTY MED. SOC.
NEUROLOGY

Gieringer, Gary V, MD
2020 W Colorado Ave
Colorado Springs, 80904 (719)473-8161
EL PASO COUNTY MED. SOC.
GENERAL PRACTICE

Gifford, Marilyn J, MD
1400 E Boulder St
Emerg Dept Memorial Hosp
Colorado Springs, 80909 (719)475-5221
(H) 430 Thames Dr
Colorado Springs, 80906 (719)576-8608
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

Gigliotti, Lawrence G, MD
3253 Serendipity Cir W
Colorado Springs, 80917 (719)597-6816
(H) 2424 Marlborough Pl
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Go, Sumio, MD
3585 Van Teylingen, #E
Colorado Springs, 80917 (719)570-6100
EL PASO COUNTY MED. SOC.
ALLERGY & IMMUNOLOGY
PEDIATRIC ALLERGY
PEDIATRICS

Gold, Larry A, MD
325 E Fontanero
Colorado Springs, 80907 (719)635-5223
EL PASO COUNTY MED. SOC.
ENDOCRINOLOGY & METABOLISM

Golditch, Monte E, MD
1400 E Boulder
Rad Dept
Colorado Springs, 80909 (719)475-5120
(H) 1250 Meadowlake Way
Monument, 80132
EL PASO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Goldmuntz, Barry M, MD
730 N Cascade Ave
Colorado Springs, 80903 (719)634-8002
(H) 153 Capitol Hill
Manitou Springs, 80829
EL PASO COUNTY MED. SOC.
PSYCHIATRY

Goldstein, Warren D, MD
PO Box 15529
Colorado Springs, 80935 (719)475-5120
(H) 4115 Three Graces Dr
Colorado Springs, 80904
EL PASO COUNTY MED. SOC.
RADIOLOGY

Gorab, Lawrence N, MD
209 S Nevada Ave
Colorado Springs, 80903 (719)475-7700
(H) 520 Southern Cross Dr
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
UROLOGICAL SURGERY

Graham, Lyle W, DO
33 N Barnes Ave
Colorado Springs, 80909 (719)634-3409
(H) 2134 Wildwood Dr
Colorado Springs, 80918
EL PASO COUNTY MED. SOC.

Grana, Arthur J, DO
2504 E Pikes Peak Ave, #201
Colorado Springs, 80909 (719)636-5067
(H) 10795 Hungate Rd
Colorado Springs, 80908
EL PASO COUNTY MED. SOC.
GENERAL SURGERY

Greenberg, David I, MD
721 N Tejon St
Colorado Springs, 80903 (719)635-7172
(H) 530 Woodmen Valley Rd
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
CARDIOLOGY
CARDIOVASCULAR DISEASES
INTERNAL MEDICINE

Greensher, Arnold, MD
PO Box 7021
Colorado Springs, 80933 (719)630-5184
(H) 220 Childe Dr
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
PEDIATRICS
FAMILY PRACTICE
GENETICS

Greensides, Robert D, MD
1725 E Boulder, #202
Colorado Springs, 80909 (719)634-8984
(H) 2524 Pegasus
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
PEDIATRIC RADIOLOGY

COLORADO SPRINGS

Gregory, Douglas P, MD

210 E Cache La Poudre
Colorado Springs, 80903 (719)630-1010
(H) 1201 La Paloma Way
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
PSYCHIATRY

Greiner, David J, MD

3235 Austin Dr
Colorado Springs, 80909 (719)633-0004
(H) 3235 Austin Dr
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Griffith, Dillard R, MD

320 E Fontanero, #204
Colorado Springs, 80907 (719)634-4807
(H) 5070 Granby Cir
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Guthrie, Michael B, MD

Penrose Hospital
PO Box 7021
Colorado Springs, 80933 (719)630-5258
(H) 15 E Fontanero
Colorado Springs, 80907 (719)471-9067
EL PASO COUNTY MED. SOC.
ADMINISTRATIVE MEDICINE
PSYCHOSOMATIC MED

Hahn, Robert W, MD

3208 N Academy Blvd, #100
Colorado Springs, 80907 (719)597-0080
(H) 1225 Wood Ave
Colorado Springs, 80903 (719)633-9388
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Hall, J Michael, MD

PO Box 49292, #104
Colorado Springs, 80949 (719)599-8447
(H) 4220 Ridgeline Dr
Colorado Springs, 80919 (719)593-0995
EL PASO COUNTY MED. SOC.
ANESTHESIOLOGY

Hamilton, Robert S, MD

1535 Briargate
Emergicare
Colorado Springs, 80920
(H) 9 Sandcastle
Pueblo, 81001
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

Hamstra, Gerald A, DO

2010 E Bijou
Colorado Springs, 80909 (719)471-3126
EL PASO COUNTY MED. SOC.
GENERAL PRACTICE

Haney, Lawrence O, MD

2016 N Cascade Ave
Colorado Springs, 80907 (719)634-6166
(H) 2016 N Cascade Ave
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Hansen, Herman R, MD

1425 N Union Blvd
Colorado Springs, 80909 (719)475-1420
(H) 2711 Grandview Ln
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
ANESTHESIOLOGY

Hanson, J R, MD

2727 N Tejon St
Colorado Springs, 80907 (719)632-1818
(H) 2878 Tenderfoot Hill St
Colorado Springs, 80906 (719)634-7679
EL PASO COUNTY MED. SOC.
PLASTIC SURGERY

Harrison, Kenneth D, MD

209 S Nevada Ave
Colorado Springs, 80903 (719)475-7700
(H) 2905 Old Broadmoor
Colorado Springs, 80906
DIRECT CMS MEMBER
OB & GYNECOLOGY

Hartl, Richard W, MD

1400 E Boulder
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

Hauser, Charles E, MD

2989 Broadmoor Val Rd
Colorado Springs, 80906 (719)576-5240
(H) 45 E Cheyenne Mtn Blvd
Colorado Springs, 80906 (719)576-3059
EL PASO COUNTY MED. SOC.
CHILD PSYCHIATRY
PSYCHIATRY

Hays, John C, MD

(H) 2710 Springmede Ct
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
CARDIOLOGY

Headley, David L, DO

1725 E Boulder St, #101
Colorado Springs, 80909 (719)634-4130
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
ONCOLOGY

Heiser, John C, MD

1725 E Boulder St, #104
Colorado Springs, 80909
(H) 7150 Suntide Pl
Colorado Springs, 80919 (719)590-1651
EL PASO COUNTY MED. SOC.
CARDIOVASCULAR SURGERY
THORACIC SURGERY

Herriott, Michael, DO

179 Parkside Dr, #105
Colorado Springs, 80910
EL PASO COUNTY MED. SOC.
PSYCHIATRY

Hillman, John D, MD

1715 N Weber St, #360
Colorado Springs, 80907 (719)475-9574
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE

Hohengarten, John H, MD

3265 W Carefree Cir
Village Seven Med Ctr
Colorado Springs, 80917 (719)596-7034
(H) 1308 N Cascade Ave
Colorado Springs, 80903 (719)473-3486
EL PASO COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
OTOLOGY
HEAD & NECK SURGERY
MAXILLOFACIAL SURGERY
ALLERGY

Hoke, Timothy E, MD

N Springs Fam Med Grp
425 W Rockrimmon Blvd
Colorado Springs, 80919 (719)598-4588
(H) 1140 War Eagle Dr N
Colorado Springs, 80919
DIRECT CMS MEMBER
FAMILY PRACTICE

Hornbaker, Charles L, MD

25 E Jackson, #101B
Colorado Springs, 80907 (719)636-3701
(H) 2806 Serendipity Cir E
Colorado Springs, 80917 (719)597-4111
DIRECT CMS MEMBER
EMERGENCY MEDICINE
GENERAL SURGERY
FAMILY PRACTICE

Hoyle, Thomas C III, MD

3237 W Carefree Cir
Colorado Springs, 80917 (719)596-8850
(H) 7725 Eastwood Rd
Colorado Springs, 80919 (719)598-4737
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Huffman, David H, MD

320 Fontanero, #208
Colorado Springs, 80907 (719)632-1101
(H) 2030 W Cheyenne Blvd
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
ONCOLOGY

Hurley, Thomas J, MD

(H) 2008 Cresthaven Cir
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
PSYCHIATRY

Ingram, William L, MD

1430 S 21st St
Colorado Springs, 80904 (719)473-7770
(H) 309 Elm Cir
Colorado Springs, 80906 (719)473-7477
EL PASO COUNTY MED. SOC.
PSYCHIATRY

Iwata, Samuel H, MD

801 N Cascade Ave, #21
Colorado Springs, 80903
(H) 5365 Autumn Hills Ct
Colorado Springs, 80907 (719)593-0562
EL PASO COUNTY MED. SOC.

- Jensen, Susan R, MD**
2504 E Pikes Peak, #103
Colorado Springs, 80909 (719)475-2794
(H) 829 N Weber
Colorado Springs, 80903
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
CARDIOLOGY
- Jepson, Christian N, MD**
525 N Tejon St
Colorado Springs, 80903 (719)471-2020
(H) 29 Sanford Rd
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY
- Johnson, Bennie S, DO**
2141 N Academy
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE
GASTROENTEROLOGY
- Kendall, Ralph T, MD**
209 S Nevada Ave
Colorado Springs, 80903 (719)475-7700
DIRECT CMS MEMBER
OTORHINOLARYNGOLOGY
- Kennedy, James R, MD (Ret)**
(H) 2136 Glenhill Rd
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
GYNECOLOGY
- Kennedy, Louis J, MD (Ret)**
(H) 154 Miramar
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
GENERAL SURGERY
- Kent, Robert H, MD**
1729 N Weber St
Colorado Springs, 80907 (719)634-3759
(H) 125 Yale Ave
Colorado Springs, 80904
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
- Kersey, Dudley H, MD**
Penrose Cancer Hosp
2215 N Cascade Box 7021
Colorado Springs, 80933 (719)630-5281
EL PASO COUNTY MED. SOC.
THERAPEUTIC RADIOLOGY
- King, Otis J Jr, MD**
(H) 4406 Ridgecrest Dr
Colorado Springs, 80918 (719)599-8435
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE
- Kircher, Lorence T Jr, MD**
25 E Jackson, #105
Colorado Springs, 80907 (719)635-2513
(H) 11 W Jefferson
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
GENERAL SURGERY
- Kircher, Lorence T III, MD**
2215 N Cascade
Dept of Path
Colorado Springs, 80907
(H) 2840 N Chelton Rd
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
CLINICAL PATHOLOGY
ANATOMIC PATHOLOGY
- Kleiner, John P, MD**
25 E Jackson, #301
Colorado Springs, 80907 (719)634-6671
EL PASO COUNTY MED. SOC.
CARDIOVASCULAR DISEASES
- Koehn, Gerard G, MD**
3210 N Academy Blvd, #2
Colorado Springs, 80907 (719)574-0310
(H) 3820 Roxbury Ct
Colorado Springs, 80906 (719)576-4909
EL PASO COUNTY MED. SOC.
DERMATOLOGY
- Kucinski, Chester S, MD**
2504 E Pikes Peak Ave, #103
Colorado Springs, 80909 (719)475-2794
EL PASO COUNTY MED. SOC.
CARDIOLOGY
CARDIOVASCULAR DISEASES
- Kuhlman, William K, MD**
2920 N Cascade Ave
Colorado Springs, 80907
(H) 27 Cragmor Village
Colorado Springs, 80918 (719)598-1567
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY
- Kurica, Kenneth B, MD**
801 N Cascade Ave
Colorado Springs, 80903
(H) 2910 Chelton Dr
Colorado Springs, 80909 (719)377-6150
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- Lain, Charles D, MD**
625 N Cascade Ave
Colorado Springs, 80903 (719)475-9613
(H) 1238 Wood Ave
Colorado Springs, 80903 (719)471-0874
EL PASO COUNTY MED. SOC.
RHEUMATOLOGY
- Landon, F Rodman, MD (Ret)**
(H) 1505 Alamo Ave
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
PEDIATRICS
- Larimer, Craig W, MD (Ret)**
(H) 2029 Windham Way
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
ANESTHESIOLOGY
- Larkin, James M, MD**
2125 E Lasalle, #205
Colorado Springs, 80909 (719)632-7711
(H) 106 7th St
Colorado Springs, 80906 (719)520-5238
EL PASO COUNTY MED. SOC.
GENERAL SURGERY
- Larson, Wallace K, MD**
7606 N Union, #A
Colorado Springs, 80920
(H) 3350 Clubheights Dr, #110
Colorado Springs, 80906 (719)473-2867
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY
HAND SURGERY
- Lavanway, James M, MD**
25 E Jackson, #201
Colorado Springs, 80907 (719)635-2501
EL PASO COUNTY MED. SOC.
GENERAL SURGERY
- Lavoo, John W, MD**
104 E St Vrain St
Colorado Springs, 80903 (719)636-2512
(H) 1340 Winding Ridge Tr
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
COLON & RECTAL SURGERY
- Lawshe, Barret C, MD**
2215 N Cascade Ave
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY
- Lentini, Vincent C, MD (Ret)**
(H) 2206 Monteagle
Colorado Springs, 80909 (719)473-1809
EL PASO COUNTY MED. SOC.
PSYCHIATRY
- Lewis, Barton L, MD**
26 E Monument St
Colorado Springs, 80903 (719)634-5597
(H) 1621 Vista Pl
Colorado Springs, 80906 (719)634-7689
EL PASO COUNTY MED. SOC.
DERMATOLOGY
DERMATOPATHOLOGY
- Lewis, Ted T, MD**
625 N Cascade Ave, #210
Colorado Springs, 80903 (719)475-9613
(H) 2904 Old Broadmoor Rd
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
RHEUMATOLOGY
- Liddle, Edward B Jr, MD (Ret)**
(H) 1326 Wood Ave
Colorado Springs, 80903 (719)632-6732
EL PASO COUNTY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY
- Light, Ruth L, MD**
41 Montebello
Pueblo, 81001
(H) 2728 Inspiration Dr
Colorado Springs, 80917
PUEBLO COUNTY MED. SOC.
GENERAL PRACTICE
- Lindeman, George M, MD (Ret)**
(H) 470 Hidden Valley Rd
Colorado Springs, 80919 (719)598-5303
EL PASO COUNTY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY
CARDIOVASCULAR SURGERY

COLORADO SPRINGS

Lippert, William L, MD
4295 Austin Bluffs Pkwy, #203
Colorado Springs, 80918 (719)548-0788
EL PASO COUNTY MED. SOC.
ANESTHESIOLOGY

Little, Kenneth R, MD
209 S Nevada
Colorado Springs, 80903
(H) 380 Hidden Creek Dr
Colorado Springs, 80906
DIRECT CMS MEMBER
OB & GYNCOLOGY

Lloyd, William E, MD (Ret)
(H) 2645 Whispering Ter
Colorado Springs, 80917 (719)596-2780
EL PASO COUNTY MED. SOC.
GENERAL SURGERY

Loehr, Richard E, MD
825 E Pikes Peak Ave
Colorado Springs, 80903 (719)636-8855
(H) 818 Pebblewood Dr
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

Lovell, Kenneth R, MD
2020 W Colorado Ave, #202
Colorado Springs, 80904 (719)473-1191
(H) 2501 Chilson Ln
Colorado Springs, 80904
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE
GERIATRICS

Luebbert, Steven J, MD
3208 N Academy
Colorado Springs, 80907 (719)574-4800
(H) 2450 Norwich Dr
Colorado Springs, 80918 (719)528-7085
EL PASO COUNTY MED. SOC.
PEDIATRICS

Lund, Cynthia J, DO
33 Barnes Ave
Emer Dept
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

Lynn, John T III, MD
801 Cascade Ave
Colorado Springs, 80903
(H) 503 Southern Cross Dr
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
RHEUMATOLOGY

Mackey, Winona R, MD
1008 Minnequa Ave
Pueblo, 81004 (719)560-5460
(H) 3110 Vickers Dr
Colorado Springs, 80918 (719)599-8270
PUEBLO COUNTY MED. SOC.
THERAPEUTIC RADIOLOGY

Mahony, Thomas H III, MD
801 N Cascade Ave, #27
Colorado Springs, 80903 (719)635-1525
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Malek, Denise G, MD
25 E Jackson
Colorado Springs, 80907 (719)635-0526
DIRECT CMS MEMBER
ANESTHESIOLOGY

Markewich, Gary S, MD
3100 N Academy Blvd, #213
Colorado Springs, 80907 80917
(H) 7040 Oak Hills Ct
Colorado Springs, 80919 (719)598-5960
EL PASO COUNTY MED. SOC.
DERMATOLOGY

Marta, John A, MD
25 E Jackson, #208
Colorado Springs, 80907 (719)635-0526
EL PASO COUNTY MED. SOC.
ANESTHESIOLOGY

Martz, David C, MD
320 E Fontanero, #208
Colorado Springs, 80907 (719)632-1101
(H) 5153 Iron Horse Tr
Colorado Springs, 80917
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
HEMATOLOGY
ONCOLOGY

Matthews, David S, MD
629 N Nevada Ave
Colorado Springs, 80903 (719)632-7669
(H) 1926 Wood Ave
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Maxwell, James H, MD
320 E Fontenoro, #106
Colorado Springs, 80907 (719)471-3471
(H) 5121 Lyda Ln
Colorado Springs, 80904
EL PASO COUNTY MED. SOC.
GYNECOLOGY

Mayeda, Douglas V, MD
2310 N Tejon St, #101
Colorado Springs, 80907 (719)636-3701
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

McCarthy, Thomas T, DO
Box 16490
Colorado Springs, 80935 (719)635-2589
(H) 1440 Oak Hills Dr
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

McClellan, Charles W, MD (Ret)
(H) 2708 Marilyn Rd
Colorado Springs, 80909 (719)632-0595
EL PASO COUNTY MED. SOC.
CARDIOVASCULAR DISEASES
INTERNAL MEDICINE
DIABETES
ASTHMA
GERIATRICS

McClure, Scott H, MD
963 E Colorado Ave
Colorado Springs, 80903
(H) 225 W Caramillo
Colorado Springs, 80907 (719)635-4469
EL PASO COUNTY MED. SOC.
PSYCHIATRY

McColl, Harry A Jr, MD
25 E Jackson #305
Margery-Reed Bldg
Colorado Springs, 80907 (719)636-0075
EL PASO COUNTY MED. SOC.
HEAD & NECK SURGERY
GENERAL SURGERY
TUMOR SURGERY

McCoy, James A, MD
625 N Cascade, #115
Colorado Springs, 80903 (719)520-1141
(H) 4125 Stonehaven Dr
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
DERMATOLOGY

McCreery, Richard A, DO
2141 Academy Cir, #102
Colorado Springs, 80909 (719)597-4200
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE
PEDIATRICS

McCulloch, Alexander T Jr, MD
3585 Van Teylingen Dr, #B
Colorado Springs, 80907 (719)597-1200
(H) 1655 Timber Valley Rd
Colorado Springs, 80919 (719)594-0920
EL PASO COUNTY MED. SOC.
PLASTIC SURGERY

McMahon, Charles D, MD
2920 N Cascade
Colorado Springs, 80907 (719)636-3937
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

McMullen, Craig T, MD
1465 N Union, #200
Colorado Springs, 80909 (719)630-3135
(H) 815 Arcadia Pl
Colorado Springs, 80903
EL PASO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

McMullen, James W, MD (Ret)
(H) 1919 N Cascade
Colorado Springs, 80907 (719)634-3664
EL PASO COUNTY MED. SOC.
RADIOLOGY

McMullen, R Bard, MD
PO Box 967
Colorado Springs, 80901
(H) 405 Southfield Rd
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

McNally, Michael J, MD
2125 E La Salle St
Colorado Springs, 80909 (719)473-3272
EL PASO COUNTY MED. SOC.
NEUROLOGICAL SURGERY

McWilliams, John E, MD
100 E St Vrain St
Colorado Springs, 80903 (719)643-2879
(H) 1215 Wood Ave
Colorado Springs, 80903
EL PASO COUNTY MED. SOC.
GENERAL PRACTICE
GERIATRICS

Merkert, George L Jr, MD
801 N Cascade Ave, #27
Colorado Springs, 80903 (719)635-1525
(H) 3229 Leslie Dr
Colorado Springs, 80909 (719)635-0040
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Messner, Milo L, MD
703 N Tejon St, #D
Colorado Springs, 80903 (719)473-0711
(H) 1215 N Meade Ave
Colorado Springs, 80909 (719)636-1423
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Michael, Joyce E, DO
6455 N Union Blvd, #104
Colorado Springs, 80918
EL PASO COUNTY MED. SOC.
GENERAL PRACTICE

Miller, E Eugene, MD
3220 N Academy Blvd, #4
Colorado Springs, 80917 (719)596-0600
(H) 2925 N Chelton Rd
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
CARDIOLOGY

Miller, Floyd J, DO
2141 N Academy Cir
Colorado Springs, 80909 (719)597-9250
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Miller, J Brian, MD
2504 E Pikes Peak, #103
Colorado Springs, 80909 (719)475-2794
EL PASO COUNTY MED. SOC.
CARDIOLOGY
CARDIOVASCULAR DISEASES

Mitchell, Orderla F, MD
5265 N Academy Blvd
Colorado Springs, 80907
(H) 980 War Eagle Dr S
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Modlin, Richard A, MD
1520 N Union
Colorado Springs, 80909 (719)471-1990
(H) 364 Pilot Knob Ave
Manitou Springs, 80829
EL PASO COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Moore, Gene H, MD
2215 N Cascade Ave
PO Box 7021
Colorado Springs, 80907 (719)630-5816
(H) 5 Crossland Rd
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
PATHOLOGY

Moore, Larry A, MD
St Francis Hosp
800 E Pikes Peak Ave
Colorado Springs, 80904
(H) 1431 N Nevada
Colorado Springs, 80904 (719)636-2024
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

Moothart, Richard W, MD
25 E Jackson, #301
Colorado Springs, 80907 (719)634-6671
EL PASO COUNTY MED. SOC.
CARDIOVASCULAR DISEASES

Mrozek, John R, MD
6547 N Academy Blvd, #484
Colorado Springs, 80917
(H) 5430 Escapardo Way
Colorado Springs, 80917
EL PASO COUNTY MED. SOC.

Mueller, Stephen O, MD
PO Box 640
Colorado Springs, 80906 (719)520-0700
(H) 3311 Spring Ridge Cir
Colorado Springs, 80906 (719)576-3140
EL PASO COUNTY MED. SOC.
PSYCHIATRY

Munson, Wayne M, MD
1425 N Union Blvd, #104
Colorado Springs, 80909 (719)475-1420
(H) 7609 Gillen Rd
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
ANESTHESIOLOGY

Munson, William A, MD
325 E Fontanero St
Colorado Springs, 80907 (719)636-3829
(H) 580 Northfield Rd
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
ENDOCRINOLOGY & METABOLISM

Murphy, Alan R, MD
2301 E Pikes Peak, #202
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
NEUROLOGICAL SURGERY

Muth, John B, MD
501 N Foote
Colorado Springs, 80909 (719)578-3165
(H) 2021 Hercules Dr
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
PUBLIC HEALTH
OB & GYNECOLOGY

Myers, James M, MD
3910 Carefree Cir, #8
Colorado Springs, 80917 (719)636-3946
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Nash, Rex D, MD
(H) 2504 Fairmount St
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
ANESTHESIOLOGY

Nathan, Robert A, MD
2709 N Tejon St
Colorado Springs, 80907 (719)473-0872
(H) 312 Lake Ave
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
ALLERGY & IMMUNOLOGY
ASTHMA

Newcomer, John A, MD
25 E Jackson, #202
Colorado Springs, 80907 (719)471-7064
EL PASO COUNTY MED. SOC.
PULMONARY DISEASES

Nicks, Frank I Jr, MD
1519 E Boulder St
Colorado Springs, 80909 (719)473-0320
(H) 2440 San Carols Cir
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY
INFERTILITY
NEONATAL-PERINATAL MED

Nielsen, Peter G, MD
107 N Union Blvd
Colorado Springs, 80909 (719)633-3850
(H) 17 Sea Hero Ter
Colorado Springs, 80906 (719)633-8962
EL PASO COUNTY MED. SOC.
PEDIATRICS

Noble, Deane L, MD
2125 E La Salle St
Colorado Springs, 80909 (719)472-3272
(H) 2407 Marlborough Pl
Colorado Springs, 80909 (719)471-3627
EL PASO COUNTY MED. SOC.
NEUROLOGICAL SURGERY

Norfleet, Larry B, MD
209 S Nevada Ave
Colorado Springs, 80903 (719)475-7700
DIRECT CMS MEMBER
OB & GYNECOLOGY

Norton, John D, MD
1715 N Weber St, #360
Colorado Springs, 80907 (719)475-9574
(H) 5512 Saddlerock Tr
Colorado Springs, 80917 (719)593-1388
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE

O'Donnell, James J, MD
629 N Nevada Ave
Colorado Springs, 80903 (719)632-7669
(H) 17 W Del Norte
Colorado Springs, 80907 (719)633-9170
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

O'Donnell, Sean C, MD
1715 N Weber, #340
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

COLORADO SPRINGS

O'Rourke, P Terrence, MD

25 E Jackson, #201
Colorado Springs, 80907 (719)635-2501
(H) 3512 W David Ln
Colorado Springs, 80907 (719)597-1708
EL PASO COUNTY MED. SOC.
GENERAL SURGERY

Oliveira, Mario M, MD

320 E Fontanero St, #304
Colorado Springs, 80907
(H) 80 Midland Rd
Colorado Springs, 80906 (719)634-0376
EL PASO COUNTY MED. SOC.
NEUROLOGY

Olson, Neiland R, MD

715 N Cascade Ave
Colorado Springs, 80903 (719)633-3803
(H) PO Box 16160
Colorado Springs, 80935
EL PASO COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Olvey, Stuart K, MD

1725 E Boulder, #204
Colorado Springs, 80909
(H) 4145 Autumn Heights Dr
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
PULMONARY DISEASES

Oram-Smith, Jeffrey C, MD

25 E Jackson, #201
Colorado Springs, 80907 (719)635-2501
(H) 3815 Wapiti Way
Colorado Springs, 80908
EL PASO COUNTY MED. SOC.
GENERAL SURGERY

Paap, Jack I, MD

1255 Lake Plaza Dr, #140
Colorado Springs, 80906 (719)576-3901
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Partington, Cyrus W, MD

St Francis Hosp
Dept Of Radiology
Colorado Springs, 80903 (719)636-8670
(H) 30 Tanglewood Dr
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
RADIOLOGY
NUCLEAR RADIOLOGY

Pence, Tom K, DO

311 N Union
Colorado Springs, 80909 (719)632-2042
(H) 6375 Mesedje Dr
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
ANESTHESIOLOGY

Perrott, Walter W III, MD

Memorial Hosp
1400 E Boulder
Colorado Springs, 80909 (719)475-5011
(H) 740 Tyco Ct
Colorado Springs, 80906 (719)579-9679
EL PASO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Perry, Carmel P, MD

2975 Broadmoor Valley Rd, #104
Colorado Springs, 80906 (719)576-7006
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Peters, Bruce H, MD

2125 E La Salle St
Colorado Springs, 80909 (719)473-3272
EL PASO COUNTY MED. SOC.
NEUROLOGY

Peterson, Richard I, MD

3910 S Carefree Cir, S #A
Colorado Springs, 80917 (719)574-1017
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Phelps, Dennis A, MD

209 S Nevada Ave
Colorado Springs, 80903
(H) 1425 Winding Ridge Ter
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Pick, Melvin M, MD (Ret)

(H) 2114 Snyder Ave
Colorado Springs, 80909 (719)633-7031
EL PASO COUNTY MED. SOC.
ANESTHESIOLOGY

Pise, Gerald J, MD

3021 N Hancock Ave, #130
Colorado Springs, 80907 (719)633-2022
EL PASO COUNTY MED. SOC.
HAND SURGERY
ORTHOPEDIC SURGERY

Pitman, William M, MD

St Francis Hosp
X-Ray Dept
Colorado Springs, 80903 (719)636-8670
(H) 1221 Wood Ave
Colorado Springs, 80903
EL PASO COUNTY MED. SOC.
RADIOLOGY

Platz, Victor, MD

3205 N Academy Blvd, Emer Rm
Colorado Springs, 80907 (719)591-3216
(H) 175 Indian Wells
Colorado Springs, 80919 (719)598-7876
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

Poliakoff, Claude S, MD

1715 N Weber St, #205
Colorado Springs, 80907 (719)633-7701
EL PASO COUNTY MED. SOC.
GENERAL SURGERY

Pollard, Joseph S Jr, MD

1414 N Hancock Ave
Colorado Springs, 80903 (719)634-2897
(H) 1432 Bellaire Dr
Colorado Springs, 80909 (719)633-0411
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Pollock, Caryl J, DO

3021 N Hancock Ave
Colorado Springs, 80907 (719)632-5400
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE

Presti, Matthew, MD

2125 E La Salle St
Colorado Springs, 80909 (719)473-3272
EL PASO COUNTY MED. SOC.
NEUROLOGICAL SURGERY

Price, Richard A, MD

2504 E Pikes Peak Ave
Colorado Springs, 80909 (719)473-2500
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE
OBSTETRICS

Pruitt, J C, MD

3100 N Academy Blvd, #211
Colorado Springs, 80917 (719)596-1217
(H) 1621 Culebra Ave
Colorado Springs, 80907 (719)632-1702
EL PASO COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
HEAD & NECK SURGERY
MAXILLOFACIAL SURGERY

Purdon, Thomas F, MD

209 S Nevada Ave
Co Spgs Med Ctr
Colorado Springs, 80903 (719)475-7700
(H) 2206 Constellation Dr
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
GYNECOLOGY

Rainey, Rhett K, DO

125 Swope Ave
PO Box 16490
Colorado Springs, 80935
(H) 5185 Engleman Ct
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

Ramey, Ralph Jr, MD

409 N Tejon St
Colorado Springs, 80903 (719)578-1995
(H) 6090 Twin Rock Ct
Colorado Springs, 80918
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Randono, John J, MD

25 E Jackson St, #104
Colorado Springs, 80907 (719)473-3550
EL PASO COUNTY MED. SOC.
THORACIC SURGERY
CARDIOVASCULAR SURGERY

Ranzenberger, Steven S, DO

2504 E Pikes Peak, #202
Colorado Springs, 80909
(H) 675 Georgetown Ln
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
FACIAL PLASTIC SURGERY

Rapp, Alan D, MD

2504 E Pikes Peak Ave, #103
Colorado Springs, 80909 (719)475-2794
EL PASO COUNTY MED. SOC.
CARDIOLOGY
CARDIOVASCULAR DISEASES
AEROSPACE MEDICINE

Raskin, Douglas J, MD
1490 W Fillmore, #104
Colorado Springs, 80904 (719)578-9988
EL PASO COUNTY MED. SOC.
PLASTIC SURGERY
HAND SURGERY

Ravin, Sheldon J, DO
1301 S 8th St
Colorado Springs, 80906 (719)578-1115
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Raye, Charles H, MD
1008 Minnequa
Pueblo, 81004 (719)560-5870
(H) 3019 Springridge
Colorado Springs, 80906 (719)576-6097
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Rees, James M, MD
209 S Nevada Ave
Colorado Springs, 80903 (719)475-7700
(H) 4310 Star Ranch Rd
Colorado Springs, 80906 (719)576-2266
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Reeves, Robert H, MD
722 S Wahsatch
Colorado Springs, 80903
(H) 7836 Brandy Cir
Colorado Springs, 80920
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE

Reich, Laura M, MD
722 S Wahsatch
Colorado Springs, 80903 (719)475-1575
(H) 5940 Ridge Brook Ln
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
PEDIATRICS

Reimers, Bruce L, MD
1715 N Weber St, #270
Colorado Springs, 80907 (719)635-2503
EL PASO COUNTY MED. SOC.
UROLOGICAL SURGERY

Reynolds, Judith U, MD
1106 N Cascade Ave
Boettcher Health Ctr
Colorado Springs, 80903 (719)473-9393
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Richeaux, Kenneth A, MD
%Comm Hlth Ctr
722 S Wahsatch
Colorado Springs, 80903
(H) 4055 Becket Dr
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
PEDIATRICS

Roberts, Jerry R, MD
2125 LaSalle, #204
Colorado Springs, 80909 (719)473-3177
(H) 2327 Zane Pl
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
GYNECOLOGY

Roesler, Paul J, MD (Ret)
(H) 6 Austin Ln
Colorado Springs, 80909 (719)635-2489
EL PASO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Rogers, William F, MD
1715 N Weber St
Colorado Springs, 80907 (719)471-2130
EL PASO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Romett, J Lewis, MD
7608 N Union Blvd #D
Colorado Springs, 80918 (719)531-7733
(H) 1960 Squire Ridge Ct
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Rose, Cynthia P, MD
730 N Cascade Ave, #2
Colorado Springs, 80903 (719)473-9858
(H) 1829 Alamo Ave
Colorado Springs, 80907 (719)473-9858
EL PASO COUNTY MED. SOC.
PSYCHIATRY
CHILD PSYCHIATRY

Rothhammer, Amilu S, MD
2140 E Lasalle St
Colorado Springs, 80909 (719)635-7501
EL PASO COUNTY MED. SOC.
GENERAL SURGERY

Rubinow, Sidney D, DO
175 Parkside Dr, #101
Colorado Springs, 80910 (719)636-1133
(H) 4683 Winewood Vil Dr
Colorado Springs, 80917
EL PASO COUNTY MED. SOC.
OB & GYNCOLOGY

Rubinson, Samuel M, MD
1715 N Weber, #200
Colorado Springs, 80907 (719)520-1411
(H) 185 Clubridge Pl
Colorado Springs, 80906 (719)540-0666
EL PASO COUNTY MED. SOC.
GENERAL SURGERY
VASCULAR SURGERY

Ruggles, Charles W, MD
801 N Cascade
Colorado Springs, 80903
(H) 7345 Timbergrove Pl
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
DERMATOLOGY

Ryder, William H, MD
Penrose Hospital
2215 N Cascade Ave
Colorado Springs, 80907 (719)630-5000
(H) PO Box 1031
Colorado Springs, 80901
EL PASO COUNTY MED. SOC.
ADMINISTRATIVE MEDICINE

Salata, John R, MD
801 N Cascade Ave, #15
Colorado Springs, 80903 (719)473-3605
(H) 2902 Airport Rd, #106
Colorado Springs, 80910 (719)473-5245
EL PASO COUNTY MED. SOC.
THORACIC SURGERY
CARDIOVASCULAR SURGERY
GENERAL SURGERY

Sampson, John J, MD
(H) 2390 Mesa Rd
Colorado Springs, 80904 (719)636-3959
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Sayre, Robert L, MD
320 E Fontanero St, #208
Colorado Springs, 80907 (719)632-1101
(H) 2702 Rigel Dr
Colorado Springs, 80906 (719)471-4356
EL PASO COUNTY MED. SOC.
ONCOLOGY
INTERNAL MEDICINE

Schiller, John E, MD
2215 N Cascade Ave
PO Box 7021
Colorado Springs, 80933 (719)630-5281
(H) 2650 Whispering Ter
Colorado Springs, 80917 (719)597-1588
EL PASO COUNTY MED. SOC.
THERAPEUTIC RADIOLOGY

Schmidt, Philip M, MD
3910 Carefree Cir S, #B
Colorado Springs, 80917 (719)591-8850
(H) 5530 Cambria Ct
Colorado Springs, 80918 (719)594-0717
EL PASO COUNTY MED. SOC.
OB & GYNCOLOGY

Schmitt, Edward A, MD
2020 W Colorado Blvd
Colorado Springs, 80904
EL PASO COUNTY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY
VASCULAR SURGERY

Schmitt, Henry J Jr, MD
801 N Cascade Ave, #35
Colorado Springs, 80903 (719)475-0270
EL PASO COUNTY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY
VASCULAR SURGERY

Schuck, Peter A, MD
2910 Austin Bluffs Pkwy
Colorado Springs, 80907 (719)599-9711
(H) 3965 Wakefield Dr
Colorado Springs, 80906 (719)576-0844
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Schutt, Robert C Jr, MD
629 N Nevada
Colorado Springs, 80903 (719)632-7669
(H) 1306 Wood Ave
Colorado Springs, 80903 (719)471-8007
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

COLORADO SPRINGS

Schwab, Irving H, MD (Ret)

(H) 121 W Caramillo
Colorado Springs, 80907 (719)473-7244
EL PASO COUNTY MED. SOC.
GENERAL PRACTICE

Sciotto, Cosimo G, MD

2215 N Cascade Ave
Penrose Hosp PO Box 7021
Colorado Springs, 80933 (719)630-5816
EL PASO COUNTY MED. SOC.
PATHOLOGY
IMMUNOPATHOLOGY

Seagraves, Mary A, MD

1725 E Boulder, #102
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
GENERAL SURGERY
VASCULAR SURGERY

Sealy, David P, MD

3273 W Carefree Cir
Colorado Springs, 80917 (719)596-3761
(H) 5275 Topaz Dr
Colorado Springs, 80904
DIRECT CMS MEMBER
FAMILY PRACTICE

Sellers, Dilworth P, MD

25 E Jackson St, #301
Colorado Springs, 80907 (719)634-6671
(H) 2 Midland Rd
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
CARDIOVASCULAR DISEASES

Service, William C, MD

2709 N Tejon St
Colorado Springs, 80907 (719)634-6362
(H) 2021 Glenhill Rd
Colorado Springs, 80906 (719)634-7270
EL PASO COUNTY MED. SOC.
ALLERGY & IMMUNOLOGY
ALLERGY
ASTHMA

Seybold, William R, MD

2125 E La Salle St
Colorado Springs, 80909 (719)473-3272
(H) 1285 Mesa Ave
Colorado Springs, 80906 (719)635-3395
EL PASO COUNTY MED. SOC.
NEUROLOGY

Shahzadi, Mehrbanoo (Mary), MD

625 N Cascade Ave, #110
Colorado Springs, 80903
(H) 8555 Contrails Dr
Colorado Springs, 80920
EL PASO COUNTY MED. SOC.
PHYSICAL MEDICINE & REHAB

Shallow, James T, MD

2504 E Pikes Peak, #201
Colorado Springs, 80909 (719)632-6641
(H) 980 Point of the Pines Dr
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
UROLOGICAL SURGERY

Sherwin, Richard M, MD

PO Box 7021
Dept Of Path
Colorado Springs, 80933
(H) 2909 N Chelton Rd
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
PATHOLOGY
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY

Sherwood, Clifford, MD

25 E Jackson St, #307
Colorado Springs, 80907 (719)471-1608
(H) 3245 Austin Dr
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Shoemaker, Larry D, MD

2321 N Tejon
Colorado Springs, 80907 (719)634-2904
(H) 19710 Four Winds Way
Monument, 80132
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE
ALCOHOL & DRUG ABUSE
INDUSTRIAL MEDICINE

Shonk, John J Jr, MD

(H) 1609 N Nevada Ave
Colorado Springs, 80907 (719)759-0640
EL PASO COUNTY MED. SOC.
PHYSICAL MEDICINE & REHAB

Shoptaugh, A Glenn Jr, MD

5955 Lehman Dr
Colorado Springs, 80907 (719)593-0822
EL PASO COUNTY MED. SOC.
PEDIATRICS
ADOLESCENT MEDICINE

Short, William F, MD

320 E Fontenero, #106
Colorado Springs, 80907 (719)471-3471
(H) 2720 Fox Grove Ct
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
GYNECOLOGY

Silver, Gordon S, MD

3890 Village 7 Rd
Colorado Springs, 80917 (719)591-6666
(H) 325 Pine Ave
Colorado Springs, 80906 (719)635-1394
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Simerville, James J, MD

6197 Lehman Dr, #100
Colorado Springs, 80918 (719)598-9783
(H) 7410 Taos Dr
Colorado Springs, 80918 (719)598-1330
EL PASO COUNTY MED. SOC.
SPORTS MEDICINE
OCCUPATIONAL MEDICINE
PEDIATRICS

Sims, John A, MD (Ret)

(H) 1016 N Logan Ave
Colorado Springs, 80909 (719)635-5195
EL PASO COUNTY MED. SOC.
GENERAL SURGERY

Skiles, Trudy A, MD

3890 Village 7 Rd
Colorado Springs, 80917 (719)591-6666
(H) 3935 Thundercloud Dr
Colorado Springs, 80918
DIRECT CMS MEMBER
OB & GYNECOLOGY

Smith, James G Jr, MD

PO Box 1439
Colorado Springs, 80901
EL PASO COUNTY MED. SOC.
GASTROENTEROLOGY

Smith, Raymond H, MD

25 E Jackson, #102
Colorado Springs, 80907
(H) 6835 Cedar Ridge Ct
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
ADMINISTRATIVE MEDICINE

Smith, Robert H, MD

209 S Nevada Ave
Colorado Springs, 80903 (719)475-7700
(H) 14 E Caramillo
Colorado Springs, 80907 (719)634-8128
EL PASO COUNTY MED. SOC.
GASTROENTEROLOGY

Solomon, Maurice C, MD

1622 Rainier Dr
Colorado Springs, 80910 (719)471-2350
(H) 10 Crossland Rd
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
CHILD PSYCHIATRY
PSYCHIATRY

Spangler, Michael W, DO

2141 Academy Cir N, #105
Colorado Springs, 80909
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE

Spaulding, Duane R, MD

3709 Parkmoor Village Dr, #100
Colorado Springs, 80907 (719)597-8700
(H) 6722 Northface Ln
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE

Speirs, Alfred C, MD

1490 W Fillmore
Colorado Springs, 80904 (719)475-1300
(H) 1911 Mesa Ave
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
PLASTIC SURGERY

Stafford, Robert M, MD

7608 N Union Blvd
Colorado Springs, 80920 (719)598-6800
(H) 7604 Grashio Dr
Colorado Springs, 80920
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE

Stecker, Raymond H, MD
715 N Cascade Ave
Colorado Springs, 80903 (719)633-3803
(H) 2035 N Academy
Colorado Springs, 80909 (719)574-9999
EL PASO COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Stein, Gerald S, MD
1415 N Cascade Ave
Colorado Springs, 80907 (719)636-2280
(H) 1415 N Cascade Ave
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
PSYCHOANALYSIS
PSYCHIATRY

Stienmier, Richard H, MD
St Francis Hosp
800 E Pikes Peak
Colorado Springs, 80903 (719)636-8654
(H) 2750 Purgatory
Colorado Springs, 80918 (719)593-1935
EL PASO COUNTY MED. SOC.
PATHOLOGY

Storms, William W, MD
2709 N Tejon St
Colorado Springs, 80907 (719)473-0872
(H) 1520 Laird Cir
Colorado Springs, 80906 (719)632-2702
EL PASO COUNTY MED. SOC.
ALLERGY & IMMUNOLOGY

Stringer, Theodore L, MD
3220 N Academy Blvd, #1
Colorado Springs, 80907 (719)574-8383
(H) 6875 Oak Valley Ln
Colorado Springs, 80919 (719)599-5787
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Stringfellow, Roy C Jr, MD
320 E Fontanero
Colorado Springs, 80907 (719)471-3471
(H) 1785 Coyote Point Dr
Colorado Springs, 80918 (719)599-7824
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Struck, Teresa H, MD
Penrose Hospital
Rehabilitation Dept
Colorado Springs, 80933
(H) 8580 Wranglers Way
Colorado Springs, 80908
EL PASO COUNTY MED. SOC.
PHYSICAL MEDICINE & REHAB

Swain, Robert B, MD
PO Box 1816
Colorado Springs, 80901 (719)475-5250
(H) 1435 Winding Ridge Ter
Colorado Springs, 80919 (719)590-1839
EL PASO COUNTY MED. SOC.
ANESTHESIOLOGY

Sweeney, James P, MD
Dept of Radiology
2215 N Cascade
Colorado Springs, 80919
(H) 103 Saddlemountain Rd
Colorado Springs, 80919
EL PASO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Szvetecz, Frank C, MD
730 N Cascade Ave, #1
Colorado Springs, 80903 (719)473-9752
EL PASO COUNTY MED. SOC.
PSYCHIATRY

Tedeschi, John P, MD
731 N Weber
Colorado Springs, 80903
EL PASO COUNTY MED. SOC.
GERIATRICS
FAMILY PRACTICE

Telatnik, Stephen C, MD
1725 E Boulder, #204
Colorado Springs, 80909 (719)471-1069
(H) 4 Springdowns Way
Colorado Springs, 80906 (719)576-4769
EL PASO COUNTY MED. SOC.
PULMONARY DISEASES
INTERNAL MEDICINE

Thatcher, D B, MD
2920 N Cascade
Colorado Springs, 80907 (719)636-3937
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Thayer, Kent H Jr, MD
4020 Palmer Park Blvd
Colorado Springs, 80909
(H) 124 Mayhurst
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
UROLOGICAL SURGERY

Thompson, Michael K, MD
1400 E Boulder
Emer Dept
Colorado Springs, 80909 (719)475-5221
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

Townsley, Harry E, DO
129 Swope Ave
Colorado Springs, 80909 (719)634-4824
(H) 1829 Wood Ave
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
GENERAL PRACTICE

Trousdale, William E, MD
5955 Lehman Dr
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
GYNECOLOGY
OBSTETRICS

Tuxworth, Frank E, MD
4020 Palmer Park Blvd, #101-C
Colorado Springs, 80909 (719)596-3344
EL PASO COUNTY MED. SOC.
OB & GYNECOLOGY

Vanderhoof, Richard C, MD
2310 N Tejon St, #306
Colorado Springs, 80907 (719)471-0333
(H) 19 Beech Ave
Colorado Springs, 80906 (719)633-9241
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Varnum, Robert C, MD
25 E Jackson, #202
Colorado Springs, 80907 (719)471-7064
(H) 13 Heather Dr
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
PULMONARY DISEASES

Vickers, C William, MD (Ret)
(H) 1131 Milky Way Dr
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

VonMinden, Milton C Jr, MD
2130 E La Salle St
Colorado Springs, 80909 (719)632-7641
(H) 715 Southern Cross Pl
Colorado Springs, 80906 (719)632-0202
EL PASO COUNTY MED. SOC.
NEPHROLOGY
INTERNAL MEDICINE

Voy, Robert O, MD
US Olympic Trng Ctr
1750 E Boulder St
Colorado Springs, 80909 (719)578-4574
(H) 2846 Tenderfoot Hill St
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Wahl, Ray L Jr, MD
320 E Fontanero, #201
Colorado Springs, 80907 (719)636-5234
(H) 45 Polo Dr
Colorado Springs, 80906 (719)633-1578
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE

Waldron, C Milton, MD
801 N Cascade Ave, #27
Colorado Springs, 80903 (719)635-1525
(H) 2905 N Chelton Rd
Colorado Springs, 80909 (719)632-2131
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Walker, Ian G, MD
320 E Fontanero, #305
Colorado Springs, 80907 (719)578-1101
EL PASO COUNTY MED. SOC.
PLASTIC SURGERY
HAND SURGERY
FACIAL PLASTIC SURGERY
MAXILLOFACIAL SURGERY

Walker, Ronald E, MD
3220 N Academy, #1
Colorado Springs, 80907 (719)574-8383
(H) 6115 Garlock Way
Colorado Springs, 80918 (719)598-6111
EL PASO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Wall, Paul M, MD
25 E Jackson St, #101
Colorado Springs, 80907 (719)636-3701
(H) 620 Walsen Rd
Colorado Springs, 80921
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE
INTERNAL MEDICINE

COLORADO SPRINGS

Wall, Richard A, MD

Penrose Hosp
E R Physicians
Colorado Springs, 80907 (719)475-3330
(H) 3825 Kakatosi Ln
Colorado Springs, 80908 (719)599-3628
EL PASO COUNTY MED. SOC.
UNSPECIFIED
EMERGENCY MEDICINE

Watz, Hallet N, MD

25 E Jackson, #101
Colorado Springs, 80907 (719)636-3701
(H) 13 Woodmen Ct
Colorado Springs, 80919 (719)598-5448
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

Webb, Charles W, MD

Memorial Hosp
1400 E Boulder
Colorado Springs, 80909 (719)475-5221
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

Weller, William J, MD

4020 E Palmer Park Blvd, #103-C
Colorado Springs, 80909 (719)596-6883
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
PULMONARY DISEASES

Wenham, Richard P, MD

25 E Jackson
Colorado Springs, 80907 (719)635-7321
(H) 3801 Wesley Dr
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
GASTROENTEROLOGY

Weston, Jonathon P, MD

425 Rockrimmon Blvd W
Colorado Springs, 80919 (719)598-4588
EL PASO COUNTY MED. SOC.
FAMILY PRACTICE

Wetzig, Carl K, MD

PO Box 2170
Colorado Springs, 80901 (719)632-3547
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Wetzig, Paul C, MD

PO Box 2170
Colorado Springs, 80901 (719)632-3547
(H) 6 Pourtales Rd
Colorado Springs, 80906 (719)632-3547
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Wetzig, Richard P, MD

616 S Tejon St
Colorado Springs, 80903
EL PASO COUNTY MED. SOC.
OPHTHALMOLOGY

Wiggins, Milton L, MD

(H) 2413 Parkview Blvd
Colorado Springs, 80906 (719)632-7188
EL PASO COUNTY MED. SOC.
PULMONARY DISEASES

Williams, C Rex, MD

1622 Rainier Dr
Colorado Springs, 80910 (719)471-2350
(H) 2935 Black Canyon Rd
Colorado Springs, 80904
EL PASO COUNTY MED. SOC.
PSYCHIATRY

Williams, Clyde H III, MD

25 E Jackson, #202
Colorado Springs, 80907 (719)471-7064
EL PASO COUNTY MED. SOC.
PULMONARY DISEASES

Williams, Lester L, MD

(H) 1615 N Cascade Ave
Colorado Springs, 80907 (719)633-3202
EL PASO COUNTY MED. SOC.
GERIATRICS

Winans, Robert E, DO

1520 N Union, #B
Colorado Springs, 80909 (719)635-3282
EL PASO COUNTY MED. SOC.
GENERAL PRACTICE

Winchester, Paul D, MD

Memorial Hosp
1400 E Boulder
Colorado Springs, 80909 (719)475-5407
(H) 1540 W Timber Valley Rd
Colorado Springs, 80919 (719)599-3505
EL PASO COUNTY MED. SOC.
NEONATOLOGY
PEDIATRICS

Winnick, Lawrence C, MD

2843 Country Club Cir
Colorado Springs, 80909 (719)473-2092
(H) 2843 Country Club Cir
Colorado Springs, 80909 (719)473-2092
EL PASO COUNTY MED. SOC.
GENERAL PRACTICE
FAMILY PRACTICE

Wong, Bert Y, MD

957 E Colorado Ave
Colorado Springs, 80903 (719)471-1775
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
CARDIOVASCULAR DISEASES

Wood, Edward H, MD

1785 N Academy Blvd
VA Satellite Clinic
Colorado Springs, 80909 (719)380-0004
(H) 2545 Snowbird Ct
Colorado Springs, 80918 (719)528-1133
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
CARDIOLOGY

Wooddell, W Jeff, MD

% The Broadmoor
PO Box 1439
Colorado Springs, 80901 (719)577-5784
(H) 3013 Springdowns Pl
Colorado Springs, 80906
EL PASO COUNTY MED. SOC.
GASTROENTEROLOGY

Wright, A Morgan, MD

825 E Pikes Peak Ave
Colorado Springs, 80903 (719)636-8787
(H) 2120 N Cascade Ave
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
PATHOLOGY

Wright, Kim B, MD

625 N Cascade, #105
Colorado Springs, 80903
(H) 4025 Regency Dr
Colorado Springs, 80909 (719)576-0258
EL PASO COUNTY MED. SOC.
NEUROLOGICAL SURGERY

Young, L David, DO

2504 E Pikes Peak Ave, #204
Colorado Springs, 80909 (719)577-4211
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
GASTROENTEROLOGY

Zimmerman, Robert L, MD

22 E Monument
Colorado Springs, 80903 (719)632-7205
(H) 1603 Wood Ave
Colorado Springs, 80907
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
CARDIOLOGY
AEROSPACE MEDICINE

Zinn, Charles J, MD

320 E Fontanero, #208
Colorado Springs, 80907 (719)632-1101
(H) 4813 Avonondale Cir
Colorado Springs, 80917
EL PASO COUNTY MED. SOC.
INTERNAL MEDICINE
ONCOLOGY

COMMERCE CITY, CO

Blanchard, Thomas J, MD
7260 Monaco, #B
Commerce City, 80022 288-2615
(H) 743 Melody Dr
Northglenn, 80221
CLEAR CREEK VALLEY MED. SOC.

FAMILY PRACTICE
GENERAL PRACTICE
INDUSTRIAL MEDICINE
EMERGENCY MEDICINE
SPORTS MEDICINE

Cupps, Jerry L, DO
7250 Monaco
Commerce City, 80022 286-8787
AURORA-ADAMS COUNTY MED. SOC.
GENERAL PRACTICE

LaGreca, Brian A, MD
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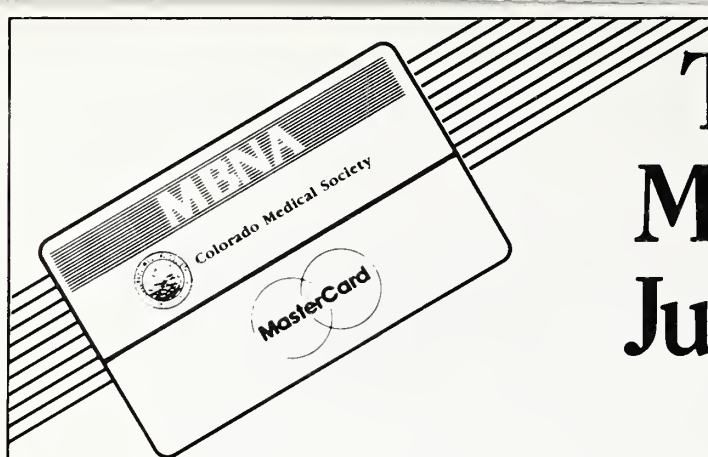
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ARAPAHOE MED. SOC.

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Balkany, Thomas J, MD
2480 S Downing St, #200
Denver, 80210
ARAPAHOE MED. SOC.

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Balkin, Gilbert, MD
1955 Pennsylvania St, #409
Denver, 80203
(H) 45 S Elm St
Denver, 80222
DENVER MED. SOC.

832-4445

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GENERAL SURGERY

Ballinger, Carter M, MD
4200 E 9th Ave
Box B-113
Denver, 80262
(H) 1079 Kearney St
Denver, 80220
DENVER MED. SOC.

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321-4952

ANESTHESIOLOGY
MEDICAL EDUCATION

Ballonoff, Larry B, MD
11245 Huron St
Denver, 80234
(H) 3 Winwood Dr
Englewood, 80110
DENVER MED. SOC.

457-6606

ENDOCRINOLOGY & METABOLISM
DIABETES

Balstad, Paul D, MD
730 Potomac St, #324
Aurora, 80011
(H) 229 S Birch St
Denver, 80222
AURORA-ADAMS COUNTY MED. SOC.

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OPHTHALMOLOGY

Barbato, Lewis, MD (Ret)
(H) 2020 S Monroe St #624
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Barber, Donn R, MD
101 W 84th Ave, #203
Denver, 80221
(H) 13840 E Progress Way
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(H) 19 Jersey St
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(H) 758 S Williams
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(H) 9050 E Mansfield Ave
Denver, 80237
DIRECT CMS MEMBER

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Barkin, Roger M, MD
4567 E 9th Ave
Denver, 80220
(H) 625 Grape St
Denver, 80220
DENVER MED. SOC.

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Barmatz, Hirsh E, MD
4999 E Kentucky Ave, #203
Denver, 80222
(H) 2824 S Kenton Ct
Aurora, 80014
DENVER MED. SOC.

758-5477

755-0387

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8015 W Alameda, #230
Lakewood, 80226 238-8484
(H) 620 Cherry St
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(H) 2221 S Columbine St
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850 E Harvard Ave, #355
Denver, 80210 778-7910
ARAPAHOE MED. SOC.
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4200 W Conejos
Denver, 80204 571-1211
(H) 280 S Dexter
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ENDOCRINOLOGY & METABOLISM
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1633 Fillmore St, #202
Denver, 80206 377-6825
(H) 2429 S Kearney St
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2465 S Downing St, #206
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1551 Larimer, #2402
Denver, 80202 424-8513
(H) 1551 Larimer St #2402
Denver, 80202
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1301 Pennsylvania St, #430
Denver, 80203 355-3885
(H) 660 Clayton
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(H) 2622 S Dennison Ct
Denver, 80222
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4545 E 9th Ave, #390
Denver, 80220 750-0822
DENVER MED. SOC.
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1000 S Broadway
Gates Med/Dent Ctr
Denver, 80217 361-6116
(H) 10624 E Powers Dr
Englewood, 80111
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1140 S Franklin St
Denver, 80210 722-7731
(H) 1140 S Franklin St
Denver, 80210 722-7731
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(H) 6500 E 6th Ave
Denver, 80220
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Denver, 80206 388-9335
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(H) 1628 E 23rd Ave
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- Benedict, Daniel B, MD**
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(H) 444 Kearney St
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(H) 3202 S Josephine St
Denver, 80210 756-0874
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(H) 1703 S Uinta Way
Denver, 80231
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850 E Harvard, #405
Denver, 80210
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- Berg, Robert N, MD**
St Luke's Hosp
601 E 19th Ave
Denver, 80203 839-1000
(H) 6400 E Ida Ave
Englewood, 80110
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PULMONARY DISEASES
CRITICAL CARE MEDICINE
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1555 Clarkson St
Denver, 80203 831-7171
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Englewood, 80111
DENVER MED. SOC.
OB & GYNECOLOGY
- Berk, Leonard E, MD**
850 E Harvard Ave
Denver, 80210 777-2679
(H) 3004 S Milwaukee Cir
Denver, 80210
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ORTHOPEDIC SURGERY
- Berman, Edward R, MD**
4567 E 9th Ave
Denver, 80220
DENVER MED. SOC.
PEDIATRICS
NEONATOLOGY
- Bernhardt, Richard N, MD**
6740 E Hampden Ave, #102
Denver, 80224 758-0139
(H) 4581 W Sumac Ln
Littleton, 80123
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Bost, Thomas W, MD
466 S Downing St
Denver, 80209
(H) 1320 S Downing St
Denver, 80210
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Boswick, John A Jr, MD
2005 Franklin St, #660
Denver, 80205 839-1694

(H) 4502 S Vine Way
Englewood, 80110
DENVER MED. SOC.
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Bosworth, Robert G Jr, MD
1776 Vine St
Denver, 80206 388-5853

(H) 2115 E 4th Ave
Denver, 80206
DENVER MED. SOC.
INTERNAL MEDICINE
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Boulder, Joel C, MD
8370 W Coal Mine Ave, #105
Littleton, 80123 972-4017

(H) 1667 Vine St
Denver, 80206
ARAPAHOE MED. SOC.
INTERNAL MEDICINE

Bourne, Eugene E, MD
1820 Gilpin St, #210
Denver, 80218 388-6396

(H) 7845 S Kearney Ct
Englewood, 80112
AURORA-ADAMS COUNTY MED. SOC.
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Bowers, Abern E, MD (Ret)

(H) 2710 E Flora Pl
Denver, 80210
DENVER MED. SOC.

Bowman, William J, MD
191 E Orchard Rd, #202
Littleton, 80121 795-5588

(H) 1172 Monaco Pkwy
Denver, 80220 377-3994
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Bozeman, Mark F, MD
1955 Pennsylvania St, #103
Denver, 80203
DENVER MED. SOC.
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Brady, Kevin D, MD
501 E 19th Ave, #103
Denver, 80203
(H) 1254 Monaco Pkwy
Denver, 80220
DENVER MED. SOC.
OPHTHALMOLOGY

Brantigan, Charles O, MD
1746 Lafayette St
Denver, 80218 830-8822

(H) 2105 Lafayette St
Denver, 80205
DENVER MED. SOC.
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Braude, Walter, MD
PO Box 6830
Denver, 80206 893-6000

(H) 315 Fairfax St
Denver, 80220
DENVER MED. SOC.
ANESTHESIOLOGY

Bravo, Jaime F, MD
4545 E 9th Ave, #510
Denver, 80220 320-2828

(H) 431 Elm St
Denver, 80220
DENVER MED. SOC.
RHEUMATOLOGY

Breeze, Robert E, MD
777 Bannock St
Denver, 80204

(H) 3685 S Narcissus
Denver, 80237
DENVER MED. SOC.
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Bremers, Harold H, MD
1756 Vine St
Denver, 80206 322-1859

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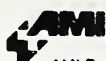
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Children's Hosp
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(H) 2292 E Dartmouth Ave
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Brennan, Michael W, MD
(H) 7995 E Mississippi Ave #H2
Denver, 80231
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Dickman, Paul A, MD
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 (H) 917 E 11th Ave
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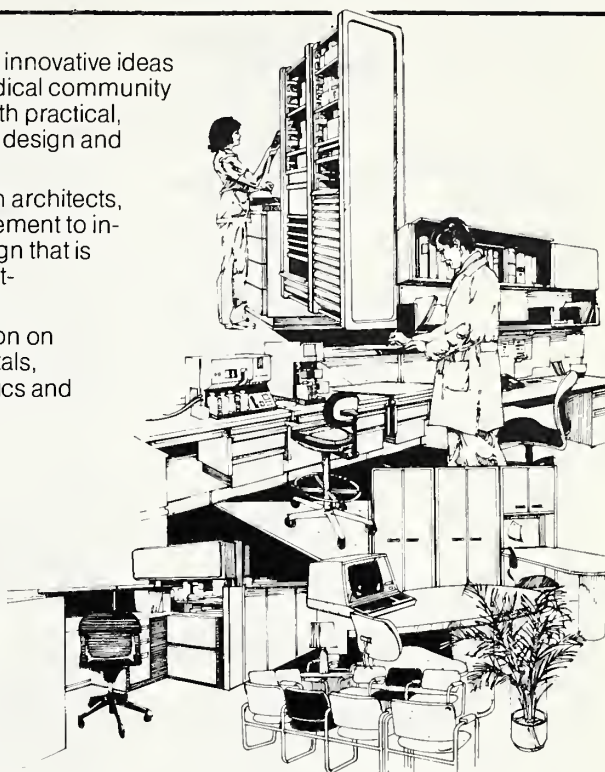
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3698 W 44th Ave
Denver, 80211
(H) 1939 S Gilpin
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280 Columbine St, #312
Denver, 80206 322-1891
(H) 302 Salem St
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DENVER MED. SOC.
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155 S Madison St, #210
Denver, 80209 333-5456
(H) 3919 S Eagle St
Aurora, 80014 693-5837
DENVER MED. SOC.
- Elliott, Donald P, MD**
4200 W Conejos Pl, #436
Denver, 80204 572-1953
(H) 5401 E Dakota Ave #12
Denver, 80222 355-4688
DENVER MED. SOC.
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777 Bannock St
Denver, 80204
(H) 955 Eudora St #903
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9450 E Mississippi Ave
Denver, 80231 831-7171
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ARAPAHOE MED. SOC.
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Denver, 80210
ARAPAHOE MED. SOC.
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Denver, 80204
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(H) 24304 Paragon Pl
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Faseehuddin, Mohammed, MD

Denver Gen Hosp
W 8th Ave & Cherokee St
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(H) 9026 E Colorado Ave
Denver, 80231
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5290 E Yale Cir, #200
Denver, 80222 758-5570
(H) 3035 S Gaylord
Denver, 80210
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Feiten, Daniel J, MD

8200 E Belleview Ave
Central Tower #204
Englewood, 80111
(H) 1724 S Leyden St
Denver, 80224
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Fenoglio, Michael, MD

1825 Gilpin St
Denver, 80218 899-1194
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Denver Gen Hosp
777 Bannock St
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(H) 1628 Elm St
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Denver, 80205 839-5383
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4200 W Conejos Pl, #214
Denver, 80204
(H) 4182 W 97th Ct
Westminster, 80030
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950 S Cherry St, #1414
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PUBLIC HEALTH

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2005 Franklin St, #440
Denver, 80205 861-4680
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Denver, 80220 377-7818
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4545 E 9th Ave, #200
Denver, 80220 377-8813
(H) 4152 S Quebec
Denver, 80237
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Fieman, Sidney H, MD

4545 E 9th Ave, #200
Denver, 80220 377-8813
(H) 55 Dexter St
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Fineman, Bruce G, MD

1776 Vine St
Denver, 80206 388-5853
(H) 1395 Forest St
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Fink, Donald W, MD

Box 300218
Denver, 80203 861-2668
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2005 Franklin St, #150
Denver, 80205 388-4876
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2480 S Downing St, #250
Denver, 80210 777-5015
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1633 Fillmore St, #202
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4200 E 9th Ave
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Denver, 80202 298-8602
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2005 Franklin St, #600
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(H) 2133 E 7th Ave
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Denver, 80206 333-5448
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(H) 890 Hudson St
Denver, 80220 388-3439
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1721 E 19th Ave, #366
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1801 High St, #2-G
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1930 S Federal Blvd
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Denver, 80219 934-5591
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Littleton, 80120 730-0404
(H) 2232 Albion St
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Gates Med Clinic
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2005 Franklin St, #520
Denver, 80205 839-5669
DENVER MED. SOC.
COLON & RECTAL SURGERY
- Grey, Leslie, MD**
375 S University Blvd
Denver, 80209 777-1414
DENVER MED. SOC.
PSYCHIATRY
- Griest, Deborah J**
(H) 6944 E Villanova Pl
Denver, 80224 759-2194
DENVER MED. SOC.
- Griffin, John G, MD (Ret)**
(H) 215 Ash St
Denver, 80220 322-6206
DENVER MED. SOC.
NEUROLOGICAL SURGERY
- Griffiths, Leonard L III, MD**
44 Cook St, #203
Denver, 80206 399-1503
(H) 1965 Forrest St
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DENVER MED. SOC.
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280 Columbine St, #312
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1455 S Potomac, #204
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4200 W Conejos Pl, #536
Denver, 80204 571-1355
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310 Steele St
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1633 Fillmore St, #202
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DENVER MED. SOC.
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2525 S Downing St
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Denver, 80210 778-5666
(H) 5071 Sanford Cir W
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3535 S Lafayette St
Englewood, 80110 761-1455
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950 E Harvard, #680
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(H) 2990 S Detroit Way
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950 E Harvard Ave, #690
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3773 Cherry Creek N Dr, #600
Denver, 80209
DENVER MED. SOC.
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4545 E 9th Ave
Denver, 80220
DENVER MED. SOC.
OB & GYNCOLOGY
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1010 E 19th Ave, #405
Denver, 80218 861-4871
(H) 9322 E Lake Ave
Englewood, 80111
DENVER MED. SOC.
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4545 E 9th Ave, #380
Denver, 80220 321-1295
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St Anthony Hosp
4231 W 16th Ave
Denver, 80204 629-3963
(H) 414 Gladiola St
Golden, 80401 279-8138
CLEAR CREEK VALLEY MED. SOC.
ANESTHESIOLOGY
- Halfmann, Lee R, MD**
11175 E Mississippi Ave, #210
Aurora, 80012 364-7629
(H) 3572 S Spruce
Denver, 80237
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE
- Halgrimson, Charles G, MD**
4200 E 9th Ave
Denver, 80262
DENVER MED. SOC.
GENERAL SURGERY
- Hall, Alan H, MD**
645 Bannock St
Denver, 80204 893-7774
(H) 17698 E Hawaii Pl
Aurora, 80017
DENVER MED. SOC.
EMERGENCY MEDICINE
- Hall, Michael L, MD**
2005 Franklin St
Midtown II #600
Denver, 80205 830-2017
DENVER MED. SOC.
OB & GYNCOLOGY
- Halperin, Lisa F, MD**
501 28th St
Denver, 80205 297-1241
(H) 641 Timberlane
Boulder, 80302
DIRECT CMS MEMBER
PEDIATRICS
- Halseth, Wm L, MD**
4200 W Conejos Pl
Denver, 80220
(H) 124 Cherry St
Parker, 80134
CLEAR CREEK VALLEY MED. SOC.
THORACIC SURGERY
CARDIOVASCULAR SURGERY
- Ham, Gordon C, MD**
6901 S Yosemite St, #106
Englewood, 80112 773-3455
(H) 860 S Adams
Denver, 80209 777-7368
ARAPAHOE MED. SOC.
OB & GYNCOLOGY
- Hamann, Richard A, MD**
850 E Harvard Ave, #355
Denver, 80210
ARAPAHOE MED. SOC.
ANESTHESIOLOGY
- Hamilton, Richard, MD**
1721 E 19th Ave, #250
Denver, 80218 863-7575
DENVER MED. SOC.
INTERNAL MEDICINE

DENVER

Hamlin, Charles, MD 850 E Harvard, #405 Denver, 80210 (H) 100 Dexter St Denver, 80220 DENVER MED. SOC.	744-7078	ORTHOPEDIC SURGERY HAND SURGERY
Hammerberg, Eric K, MD 4200 W Conejos Pl, #134 Denver, 80204 CLEAR CREEK VALLEY MED. SOC.	825-3759	NEUROLOGY
Hannah, Stanley L, MD 7090 E Hampden Ave Denver, 80224 (H) 5 Martin Lane Englewood, 80110 ARAPAHOE MED. SOC.	758-0072	GYNECOLOGY
Hannum, John N, MD 4770 Iliff Ave, #105 Denver, 80222 (H) 6875 E Iliff Ave #328 Denver, 80224 DENVER MED. SOC.	759-1680	PSYCHIATRY
Hansen, Lowell H, MD 1633 Fillmore St Denver, 80206 (H) 5390 W Princeton Dr Denver, 80235 DENVER MED. SOC.		RADIOLOGY
Hanser, James A, MD 9450 E Mississippi Denver, 80231 AURORA-ADAMS COUNTY MED. SOC.	751-1241	OB & GYNCOLOGY
Happer, Ian M, MD 2005 Franklin St, #450 Denver, 80205 (H) 323 S Gaylord St Denver, 80209 DENVER MED. SOC.	861-2266 778-7274	NEUROLOGY
Hardy, Ronald G Jr, MD Gates Clinic 1000 S Broadway Denver, 80217 DENVER MED. SOC.	777-1315	OPHTHALMOLOGY
Harken, Alden H, MD 4200 E 9th Ave, #C-305 Denver, 80262 (H) 6 Windover Rd Littleton, 80121 DENVER MED. SOC.	270-8055	CARDIOVASCULAR SURGERY THORACIC SURGERY
Hartman, James F, MD 6740 E Hampden Ave, #208 Denver, 80224 (H) 4024 S Niagara Way Denver, 80237 ARAPAHOE MED. SOC. OB & GYNCOLOGY	757-4362	
Hartner, Mark J, MD Porter Mem Hosp Denver, 80210 (H) 618 Detroit St Denver, 80206 ARAPAHOE MED. SOC.	778-1955	EMERGENCY MEDICINE
Hartshorn, Duane O 4200 E 9th Ave Box A-054 Denver, 80262 (H) 818 26 Road #2 Grand Junction, 81506 DENVER MED. SOC.	243-9296	
Hartwig, Frank E, MD PO Box 24330 Denver, 80222 (H) 2263 S Alton Way Denver, 80231 CLEAR CREEK VALLEY MED. SOC.	629-3963 695-4290	ANESTHESIOLOGY
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Harvey, Robert P, MD 1282 Detroit St, #4 Denver, 80206 (H) 1282 Detroit St #4 Denver, 80206 DENVER MED. SOC.	394-2421 394-2421	INTERNAL MEDICINE
Harwood, James T, MD 950 E Harvard Ave, #270 Denver, 80210 (H) 9581 E Lake Cir Englewood, 80111 ARAPAHOE MED. SOC.	744-1371 773-8637	GENERAL SURGERY CARDIOVASCULAR SURGERY THORACIC SURGERY
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Hattler, Brack G Jr, MD 950 E Harvard Ave, #680 Denver, 80210 (H) 1512 Larimer St #2 Denver, 80202 ARAPAHOE MED. SOC.	778-6527	CARDIOVASCULAR SURGERY THORACIC SURGERY
Hauck, Margaret E, MD 6900 W Alameda, #207 Denver, 80226 (H) 1595 MacArthur Dr Boulder, 80303 BOULDER COUNTY MED. SOC.	936-7466	OB & GYNCOLOGY
Haughton, Kevin M, MD 2901 E 16th Ave Denver, 80206 (H) 1544 Monroe St Denver, 80206 DENVER MED. SOC.		FAMILY PRACTICE
Haun, William E, MD 1825 Gilpin St Denver, 80218 (H) 12 Cherry Lane Dr Englewood, 80110 DENVER MED. SOC.	399-1194 758-2540	GENERAL SURGERY
Hausmann, Gertrude S, MD 800 Clermont St, #110 Denver, 80220 (H) 638 Clermont St Denver, 80220 DENVER MED. SOC.	399-8018 322-7028	OPHTHALMOLOGY
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Hawke, Jeffrey E, MD 4274 S Chambers Rd Aurora, 80013 (H) 550 E 12th Ave #1107 Denver, 80203 AURORA-ADAMS COUNTY MED. SOC.		
Hazel, Woodrow S, MD (Ret) (H) 4570 E Yale Ave #606 Denver, 80222 DENVER MED. SOC.		INTERNAL MEDICINE
Headrick, Ann C, MD UCHSC 4200 E 9th Ave C-243 Denver, 80262 (H) 2570 S Dayton #E-203 Denver, 80231 DIRECT CMS MEMBER	745-5635	PHYSICAL MEDICINE & REHAB

Heaton, Angeline D, MD 1901 Monaco Pkwy Denver, 80220 AURORA-ADAMS COUNTY MED. SOC. INTERNAL MEDICINE	333-7144				
Heaton, Carl E, MD 3535 Cherry Creek N Dr Denver, 80209 DENVER MED. SOC. INTERNAL MEDICINE	388-4076				
Heckmann, Richard C, MD 5290 E Yale Cir, #200 Denver, 80222 ARAPAHOE MED. SOC. PSYCHIATRY	758-5570				
Heinz, Stephen M, MD 4567 E 9th Ave Denver, 80220 DENVER MED. SOC. EMERGENCY MEDICINE					
Heiss, Robert E, MD 950 E Harvard Ave, #310 Denver, 80210 (H) 6567 S Hill St Littleton, 80120 ARAPAHOE MED. SOC. OPHTHALMOLOGY	795-0716				
Heisterkamp, David V, MD 1633 Fillmore St, #202 Denver, 80206 (H) 766 Milwaukee St Denver, 80206 DENVER MED. SOC. ANESTHESIOLOGY	333-6818				
Heller, Arnold, MD 4545 E 9th Ave, #120 Denver, 80220 (H) 6975 E Exposition Ave Denver, 80224 DENVER MED. SOC. ORTHOPEDIC SURGERY	320-2868				
Heller, Eugene, MD 4545 E 9th Ave, #260 Denver, 80220 (H) 4330 E 6th Ave Denver, 80220 DENVER MED. SOC. UROLOGICAL SURGERY	388-9321				
Henbest, Philip M, DO 9981 N Washington St Denver, 80229 CLEAR CREEK VALLEY MED. SOC.					
Hendee, Robert W Jr, MD 1010 E 19th Ave Tammen Hall Ste 605 Denver, 80218 (H) 5401 E Dakota Ave #11 Denver, 80222 DENVER MED. SOC. NEUROLOGICAL SURGERY	861-4985				
Henderson, James A, MD 950 E Harvard Ave, #420 Denver, 80210 (H) 5380 E Mansfield Denver, 80237 ARAPAHOE MED. SOC. GENERAL SURGERY THORACIC SURGERY	778-1886				
Henderson, Kenneth R, DO 8989 Huron St Denver, 80221 (H) 130 E 11th Pl Broomfield, 80020 CLEAR CREEK VALLEY MED. SOC. FAMILY PRACTICE	427-7750				
Henderson, Nancy L, MD (H) 1695 S Syracuse St Denver, 80231 DIRECT CMS MEMBER INTERNAL MEDICINE					
Henry, Raymond W, MD 1965 S University Blvd Denver, 80210 (H) 1920 E 7th Ave Denver, 80206 DENVER MED. SOC. OB & GYNCOLOGY	388-2066				
Hepner, Harold J, MD 4545 E 9th Ave, #210 Denver, 80220 (H) 4030 S Clermont St Englewood, 80110 DENVER MED. SOC. OB & GYNCOLOGY INFERTILITY	399-6515				
Herman, James R UCHSC Box A-054 Denver, 80262 (H) 1270 Cherry St Denver, 80220 DENVER MED. SOC.					
Hermann, Gilbert, MD 4545 E 9th Ave, #460 Denver, 80220 (H) 250 S Forest St Denver, 80220 DENVER MED. SOC. GENERAL SURGERY THORACIC SURGERY VASCULAR SURGERY	320-2922				
Herndon, Cynthia G, MD 1295 Colorado Blvd Denver, 80206 DENVER MED. SOC. OB & GYNCOLOGY					
Hess, Gary W, MD 1721 E 19th Ave, #302 Denver, 80218 (H) 949 S Geneva St Denver, 80231 DENVER MED. SOC. ORTHOPEDIC SURGERY	860-8233				
Higbee, Daniel R, MD (Ret) (H) 90 Corona #1007 Denver, 80218 DENVER MED. SOC. UROLOGICAL SURGERY	733-0379				
Higgins, Andrew G, MD 910 15th St, #900 Denver, 80202 (H) PO Box 1964 Wheat Ridge, 80034 CLEAR CREEK VALLEY MED. SOC. ANESTHESIOLOGY INTERNAL MEDICINE	825-1128				
Higgins, Kerry T, MD 950 E Harvard Ave, #440 Denver, 80210 (H) 1979 S Robb Way Lakewood, 80227 ARAPAHOE MED. SOC. FAMILY PRACTICE	777-0577				
Hileman, Lyle S, MD 1301 Pennsylvania St, #430 Denver, 80203 DENVER MED. SOC. ANESTHESIOLOGY					
Hilton, Robert J, MD 2005 Franklin St, #720 Denver, 80205 (H) 2325 E 7th Ave Denver, 80206 DENVER MED. SOC. PSYCHIATRY	861-1556				
Hines, William L, MD 2480 S Downing St, #G-30 Denver, 80210 (H) 1770 Forest St Denver, 80220 DENVER MED. SOC. OPHTHALMOLOGY	777-3277				
Hlavaty, Vaclav, MD 9141 Grant St, #210 Thornton, 80229 (H) 2609 S Quebec St #5 Denver, 80231 DENVER MED. SOC. OB & GYNCOLOGY INFERTILITY	451-5557				
Hoch, Peter C, MD (Ret) (H) 3230 S Oneida Way Denver, 80224 DENVER MED. SOC. PEDIATRICS ADOLESCENT MEDICINE	692-9280				
Hodges, Kathleen A, MD (H) 4070 S Willow Way Denver, 80237 DIRECT CMS MEMBER ANESTHESIOLOGY	388-3527				

DENVER

Hodges, W Jeff, MD 1544 York St Denver, 80206 (H) 15619 W Maple Dr #7-B Golden, 80401 DENVER MED. SOC.	399-6731	Holmes, James C, MD 1830 Williams St Denver, 80218 DENVER MED. SOC.	321-1333	Huber, James A, MD 2525 S Downing St Denver, 80210 (H) 5805 S Monaco St Englewood, 80111 ARAPAHOE MED. SOC.	778-5666
	277-0515				
	PATHOLOGY		ORTHOPEDIC SURGERY		
Hoeckel, Ernest J Jr, MD (H) 955 Eudora #1606 Denver, 80220 DIRECT CMS MEMBER	355-6838	Holt, Steve A III, MD 280 Columbine, #312 Denver, 80206 (H) 11022 W 27th Pl Lakewood, 80215 DENVER MED. SOC.	322-1891	Hudgens, Nancy E, MD (H) 4800 Hale Pkwy #809N Denver, 80220 DIRECT CMS MEMBER	
			DIAGNOSTIC RADIOLOGY		INTERNAL MEDICINE EMERGENCY MEDICINE
Hoffenberg, Stephen R, MD 4567 E 9th Ave Denver, 80220 (H) 6040 W Evans Pl Lakewood, 80027 DENVER MED. SOC.	320-2455	Hooper, Gerald H, DO 5108 W 38th Ave Denver, 80212 (H) 11320 W 75th Pl Arvada, 80005 ARAPAHOE MED. SOC.	477-7880	Huffman, Thomas A, MD 1005 17th, #470 Denver, 80202 (H) PO Box 483 Longmont, 80501 BOULDER COUNTY MED. SOC.	896-3043
	722-2877		431-9449		
	INTERNAL MEDICINE EMERGENCY MEDICINE		GENERAL PRACTICE		INTERNAL MEDICINE
Hoffman, Murray S, MD 1780 Gilpin St Denver, 80218 (H) 501 S Harrison Ln Denver, 80209 DENVER MED. SOC.	333-4273	Hopeman, Alan R, MD (Ret) (H) 3651 S Pontiac Way Denver, 80237 DENVER MED. SOC.	758-5845	Huggins, Gerald A, DO 8989 Huron St Denver, 80221 CLEAR CREEK VALLEY MED. SOC.	427-7597
	CARDIOVASCULAR DISEASES		THORACIC SURGERY		FAMILY PRACTICE
Hoffman, Richard E, MD 4210 E 11th Ave Denver, 80220 (H) 23969 Montana Dr Golden, 80401 DIRECT CMS MEMBER	331-8331	Hopf, Timothy R, MD 1721 E 19th Ave, #338 Denver, 80218 (H) 624 Monaco Pkwy Denver, 80220 DENVER MED. SOC.	863-1002	Hughes, Robert H, MD 1721 E 19th Ave, #520 Denver, 80218 (H) 415 Oakland St Aurora, 80010 DENVER MED. SOC.	861-4505
	526-9509		399-7590		366-8462
	FAMILY PRACTICE GENERAL PREVENTIVE MED		INTERNAL MEDICINE		GENERAL SURGERY
Hoffman, Richard S, MD (H) 8965 E Florida #6-306 Denver, 80231 DIRECT CMS MEMBER	671-7675	Horner, Robert L, MD 850 E Harvard, #405 Denver, 80210 (H) 9818 E Maplewood Cir Englewood, 80111 ARAPAHOE MED. SOC.	744-7078	Humphreys, John A, MD 3600 E Alameda Ave Denver, 80209 (H) 5985 E Princeton Cir Englewood, 80111 DENVER MED. SOC.	320-1777
			740-9316		758-3267
			HAND SURGERY		OPHTHALMOLOGY
Hoffmann, Mark F, MD 1555 Clarkson St Denver, 80203 (H) 780 Fillmore St Denver, 80206 DENVER MED. SOC.		Horsky, Brooke, MD (Ret) (H) 655 S Downing St Denver, 80209 DENVER MED. SOC.	722-3682	Humphries, Jesse H, MD (Ret) (H) 6125 E 3rd Ave Denver, 80220 DENVER MED. SOC.	388-1382
	OB & GYNECOLOGY		UNSPECIFIED		ANESTHESIOLOGY
Hofsess, Donald W, MD 1830 Gaylord St Denver, 80206 (H) 865 S Adams St Denver, 80209 DENVER MED. SOC.	388-2431	Houlton, William G, MD 7400 E Hampden Ave Denver, 80231 DENVER MED. SOC.		Hunt, Theodore C, MD 1633 Fillmore St, #308 Denver, 80206 (H) 2922 Gaylord Denver, 80205 DENVER MED. SOC.	355-1686
	722-2845				297-1435
	UROLOGICAL SURGERY		FAMILY PRACTICE		ORTHOPEDIC SURGERY
Hogle, Gregory A, DO Mercy Med Plaza #560 3005 E 16th Ave Denver, 80206 (H) 1675 Niagara St Denver, 80220 DIRECT CMS MEMBER	333-2119	Hovland, Kenneth R, MD 850 E Harvard Ave, #505 Denver, 80210 (H) 1975 S Newport St Denver, 80224 DENVER MED. SOC.	778-1910	Hursh, Roger, MD PO Box 98 Brighton, 80601 (H) 1743 S Sherman Denver, 80210 AURORA-ADAMS COUNTY MED. SOC.	659-1531
	355-2025				
	OTORHINOLARYNGOLOGY		OPHTHALMOLOGY		EMERGENCY MEDICINE
Holman, Andrew J, MD (H) 1211 S Quebec Way #4-208 Denver, 80231 DIRECT CMS MEMBER		Howell, Kathryn T, MD 1719 E 19th Ave Rad/Onc Dept Denver, 80218 DIRECT CMS MEMBER		Huston, Jeffrey D, MD 1555 Clarkson St Denver, 80203 (H) 7421 S Fillmore Cir Littleton, 80122 DENVER MED. SOC.	831-7171
	INTERNAL MEDICINE		THERAPEUTIC RADIOLOGY		INTERNAL MEDICINE GASTROENTEROLOGY

Hutcherson, John D, MD
950 E Harvard Ave, #200
Denver, 80210 698-9141
ARAPAHOE MED. SOC.
CARDIOVASCULAR DISEASES

Hutchison, David E, MD
4200 W Conejos Pl
Denver, 80204 623-7263
(H) 250 S Clermont St
Denver, 80222
DENVER MED. SOC.

GENERAL SURGERY
THORACIC SURGERY

Hutchison, James E, MD (Ret)
(H) 1077 Race St #401
Denver, 80206 322-3758
DENVER MED. SOC.

GENERAL PRACTICE

Hyman, Michael P, MD
1719 E 19th Ave
Path Dept
Denver, 80218 839-6800
DENVER MED. SOC.

PATHOLOGY

Illige-Saucier, Martha, MD
1615 Downing St
Denver, 80218 831-6314
(H) 5315 E 22nd Ave
Denver, 80207 377-1593
DIRECT CMS MEMBER

FAMILY PRACTICE
PSYCHIATRY
OB & GYNECOLOGY

Ilvonen, Roger Paul, MD
4200 W Conejos Pl, #234
Denver, 80204 623-2976
CLEAR CREEK VALLEY MED. SOC.

PATHOLOGY

Imber, Richard J, MD
Denver Skin Clinic
2200 E 18th Ave
Denver, 80206 322-7789
DENVER MED. SOC.

DERMATOLOGY

Inkret, William Jr, MD
2005 Franklin St, #270
Denver, 80205 861-4914
(H) 388 S Pontiac Way
Denver, 80224 333-5807
DENVER MED. SOC.

GYNECOLOGY
INFERTILITY

Ippen, Gregory A, MD
3535 Cherry Creek N Dr
Denver, 80209 393-7268
(H) 2045 Cherry St
Denver, 80207 322-3183
DENVER MED. SOC.

INTERNAL MEDICINE

Iriye, Craig A
6769 E Exposition
Denver, 80224
DENVER MED. SOC.

Irwin, Everett, MD
7942 Grant
Denver, 80229 937-1463
ARAPAHOE MED. SOC.

GENERAL PRACTICE

Jackson, Robert B, MD
(H) 888 Logan St #8A
Denver, 80203 894-8265
DIRECT CMS MEMBER

Jackson, William E, MD
1721 E 19th Ave, #550
Denver, 80218 861-2655
DENVER MED. SOC.

OPHTHALMOLOGY

Jacobs, Alexander, MD
3300 E 17th Ave
Denver, 80206 388-9203
(H) 2 S Ivy St
Denver, 80222 321-0666
DENVER MED. SOC.

INTERNAL MEDICINE

Jacobs, Herbert L, MD
8380 Zuni, #3305
Denver, 80221 426-4750
(H) 260 Krameria St
Denver, 80220 399-0011
CLEAR CREEK VALLEY MED. SOC.

OB & GYNECOLOGY
INFERTILITY

Jacobs, James S, MD
601 E 19th Ave
Senior Citizens Clnic
Denver, 80203
(H) 2030 Clermont St
Denver, 80220
DENVER MED. SOC.

GERIATRICS

Jacques, Thomas F, MD
1633 Fillmore St
Denver, 80206 388-1635
(H) 3131 E Alameda #3412
Denver, 80209 778-0349
DENVER MED. SOC.

COLON & RECTAL SURGERY

James, Albert E, MD
(H) 671 S Monroe Way
Denver, 80209 778-1090
DENVER MED. SOC.

GENERAL SURGERY

James, Penelope C, MD
4025 Dickenson
Denver, 80222
(H) 805 S Harrison St
Denver, 80209
DENVER MED. SOC.

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J. Alan Favre
6500 South Quebec St., Suite 200
Englewood, CO 80111
(303) 770-9970

DENVER

Jamison, Jacqueline H, MD 1555 Clarkson St Denver, 80203 (H) 1228 Jackson St Denver, 80206 DENVER MED. SOC.	FAMILY PRACTICE ADOLESCENT MEDICINE	Jobe, William E, MD 8200 E Bellview, #124 Englewood, 80111 (H) 1299 Gilpin St #17 Denver, 80218 ARAPAHOE MED. SOC.	741-1501 393-7817	RADIOLOGY	Jones, Roy W, MD 950 E Harvard Ave, #100 Denver, 80210 (H) 3920 S Clarkson St Englewood, 80110 ARAPAHOE MED. SOC. OTORHINOLARYNGOLOGY ALLERGY FACIAL PLASTIC SURGERY OTOLOGY	744-7205 758-7755
Jamroz, Brandt A, MD Presbyterian Med Ctr Denver, 80218 (H) 2040 Clermont Denver, 80207 DENVER MED. SOC.	839-6520 333-8670	Jobe, Wm Louis, MD 2465 S Downing St Denver, 80210 (H) 4881 S Albion St Littleton, 80121 ARAPAHOE MED. SOC.		RADIOLOGY	RHINOLOGY	
Janik, Joseph S, MD 2465 S Downing St, #203 Denver, 80210 (H) 25 Huntwick Ln Englewood, 80110 ARAPAHOE MED. SOC.	861-0035	Johnson, Kent E, MD 1721 E 19th Ave, #510 Denver, 80218 (H) 5786 S Fulton Way Englewood, 80111 DENVER MED. SOC.	861-8444 771-3294	UROLOGICAL SURGERY	Kadler, Karen M, MD 4999 E Kentucky, #200 Denver, 80222 (H) 24977 Foothills Dr N Golden, 80401 DENVER MED. SOC.	758-1611
Janowski, Robert R, MD 3005 E 16th Ave, #120 Denver, 80206 (H) 3656 Bryant St Denver, 80211 DENVER MED. SOC.	399-5050	Johnson, Melvin A, MD (Ret) 2800 S University Blvd, #111 Denver, 80210 DENVER MED. SOC.		INTERNAL MEDICINE	Kahn, Kenneth A, MD 6825 E Tennessee Bldg 2 #400 Denver, 80224 (H) 760 Flagstaff Rd Boulder, 80302 DENVER MED. SOC.	OPHTHALMOLOGY
Jantz, Richard D, MD St Lukes Hosp 601 E 19th Ave Denver, 80203 (H) 2370 Krameria St Denver, 80207 DENVER MED. SOC.	837-0955 832-8804	Johnson, R Reed, MD 4242 E Amherst Ave Denver, 80222 (H) 302 Shadycroft Ln Littleton, 80120 DENVER MED. SOC.	756-6961	PEDIATRICS	Kail, Thomas J, MD 5817 W 38th Ave Denver, 80212 (H) 400 Krameria St Denver, 80220 DENVER MED. SOC.	420-1297 320-5665
Jardine, Robert L, MD 901 W 14th Ave Denver, 80204 (H) 451 S Monaco Pkwy Denver, 80224 DENVER MED. SOC.	595-8612 322-0771	Johnson, Roger F, MD 3773 Cherry Creek N Dr, #801 Denver, 80209 DENVER MED. SOC.	388-7711	LEGAL MEDICINE EMERGENCY MEDICINE	Kandel, George E, MD 700 Broadway Denver, 80203 (H) 8011 Lodgepole Tr Littleton, 80124 DENVER MED. SOC.	831-3366
Jared, Roy A II, MD 1201 E 17th Ave, #200 Denver, DENVER MED. SOC.	837-7598	Johnson, Stephen D, MD 2005 Franklin St, #440 Denver, 80205 (H) 2417 Daisy Ln Golden, 80401 DENVER MED. SOC.	526-0831	NEUROLOGICAL SURGERY	Kane, Gregory A, MD 1601 E 19th Ave Denver, 80218 (H) 5760 Oak Creek Ln Littleton, 80121 DIRECT CMS MEMBER	
Jennings, R Lee, MD 2005 Franklin St, #180 Denver, 80205 (H) 5624 S Fulton Way Englewood, 80111 DENVER MED. SOC.	861-1995 770-3577	Jones, Everette G, MD 1555 Clarkson St Denver, 80203 (H) 1815 Foothills Dr S Golden, 80401 DENVER MED. SOC.	831-7171	GASTROENTEROLOGY INTERNAL MEDICINE	Kano, Jane S, MD 1955 Pennsylvania St, #203 Denver, 80203 (H) 411 Pearl St Denver, 80203 DENVER MED. SOC.	861-4855 733-4083
Jensen, Joseph S, MD 4770 Iliff Ave, #218 Denver, 80222 (H) 75 S Ivy St Denver, 80224 DENVER MED. SOC.	759-1828	Jones, George D, MD 2005 Franklin St, #700 Denver, 80205 (H) 11882 W 27th Dr Lakewood, 80215 DENVER MED. SOC.	861-0782 232-1713	ANESTHESIOLOGY	Kanowitz, Arthur 750 Cherokee, EM Dept Denver, 80204 (H) 8018 S Leyden St Englewood, 80112 DIRECT CMS MEMBER	GENERAL PRACTICE GERIATRICS
	PSYCHIATRY				EMERGENCY MEDICINE INTERNAL MEDICINE	

Kantor, Robert S, MD (H) 1772 S Trenton #9 Denver, 80231 DIRECT CMS MEMBER	750-4948		
Kaplan, Herbert, MD 4545 E 9th Ave, #510 Denver, 80220 (H) 125 Dexter St Denver, 80220 DENVER MED. SOC.	320-2828	321-3288	RHEUMATOLOGY
Kaplan, Max, MD 4999 E Kentucky Ave Denver, 80222 (H) 3066 S St Paul St Denver, 80210 DENVER MED. SOC.	691-2228	756-3288	OPHTHALMOLOGY
Karakusis, Peter H, MD 950 E Harvard Ave, #690 Denver, 80210 (H) 1888 E Ross Ln Highlands Ranch, 80126 ARAPAHOE MED. SOC.			INTERNAL MEDICINE INFECTIOUS DISEASES
Karasek, Dagmar, MD 850 E Harvard Ave, #355 Denver, 80210 (H) 8427 E Mineral Cir Englewood, 80112 ARAPAHOE MED. SOC.			ANESTHESIOLOGY
Karel, James L, MD 1955 Pennsylvania St Denver, 80203 (H) 3515 Miller St Wheat Ridge, 80033 DENVER MED. SOC.	839-5091	421-6317	INTERNAL MEDICINE
Karlin, Joel M, MD 8805 W 14th Ave, #202 Lakewood, 80215 (H) 3961 S Benton Way Denver, 80235 CLEAR CREEK VALLEY MED. SOC.	234-1067		ALLERGY PEDIATRIC ALLERGY ASTHMA
Karsh, Lawrence I, MD 4200 W Conejos Pl, #524 Denver, 80204 CLEAR CREEK VALLEY MED. SOC.	573-9367		UROLOGICAL SURGERY
Kassan, Stuart S, MD 7760 W 38th Ave, #290 Wheat Ridge, 80033 (H) 8101 E Dartmouth Denver, 80231 CLEAR CREEK VALLEY MED. SOC.	424-2913		RHEUMATOLOGY INTERNAL MEDICINE
Kastendieck, Jon G, MD 8101 E Dartmouth, #19 Denver, 80231 (H) 8101 E Dartmouth Ave #19 Denver, 80231 DIRECT CMS MEMBER	337-4337		EMERGENCY MEDICINE INTERNAL MEDICINE
Kauvar, Abraham J, MD USHSC B-180 4200 E 9th Ave Denver, 80262 (H) 70 S Ash St Denver, 80222 DENVER MED. SOC.	394-7252	322-0218	INTERNAL MEDICINE GASTROENTEROLOGY
Kauvar, Kenneth B, MD 1633 Fillmore St, #404 Denver, 80206 (H) 1216 Pontiac Denver, 80220 DENVER MED. SOC.	399-0150	388-7844	OPHTHALMOLOGY
Kearns, Donald H, MD 1721 E 19th Ave, #440 Denver, 80218 ARAPAHOE MED. SOC.	831-4774		INFECTIOUS DISEASES
Keats, William K, MD 1385 S Colorado Blvd, #500 Denver, 80222 (H) 5210 E 6th Ave Denver, 80220 DENVER MED. SOC.	758-0933		OPHTHALMOLOGY
Keener, Carl L, MD 3545 S Tamarac Dr, #370 Denver, 80237 (H) 6903 E Eastman Ave Denver, 80224 DENVER MED. SOC.	694-0505		PSYCHIATRY PSYCHOANALYSIS
Keener, William H, MD 2005 Franklin St, #250 Denver, 80205 (H) 3333 E Florida Ave #47 Denver, 80210 DENVER MED. SOC.	861-8167	871-9092	ORTHOPEDIC SURGERY
Kelble, David L, MD 2005 Franklin St, #760 Denver, 80205 (H) 801 Deep Forest Ln Evergreen, 80439 DENVER MED. SOC.	831-9135	674-8110	PULMONARY DISEASES INTERNAL MEDICINE
Kelly, Barbara Fawcett, MD 2020 Wadsworth Blvd, #8 Lakewood, 80215 (H) 365 Sherman St Denver, 80203 DIRECT CMS MEMBER			FAMILY PRACTICE
Kem, M Richard, MD 3005 E 16th Ave Denver, 80206 (H) 4151 S Ivy Ln Englewood, 80111 DENVER MED. SOC.	320-5955	753-0253	ORTHOPEDIC SURGERY
Kennedy, L James Jr, MD 4200 W Conejos Pl Denver, 80204 (H) 467 S Pontiac Way Denver, 80224	592-7284		DENVER MED. SOC. PATHOLOGY
Kennedy, Timothy C, MD 1721 E 19th Ave, #366 Denver, 80218 (H) 2045 Ash St Denver, 80207 DENVER MED. SOC.	863-0300		PULMONARY DISEASES
Kennison, Herbert B Jr, MD 155 S Madison St, #210 Denver, 80209 (H) 4675 S Yosemite St Denver, 80237 DENVER MED. SOC.	333-5456	779-0525	INTERNAL MEDICINE
Kennison, Warren S, MD 2005 Franklin St, #310 Denver, 80205 (H) 179 S Dekker Dr Golden, 80401 DENVER MED. SOC.	839-5734		PSYCHIATRY PSYCHOANALYSIS
Kerr, Clark M, MD 1555 Clarkson St Denver, 80203 DENVER MED. SOC.	831-7171		INTERNAL MEDICINE INFECTIOUS DISEASES
Kiernan, R Martin, MD 1201 E 17th, #200 Denver, 80218 (H) 1355 Woodmoor Mounment, 80132 DENVER MED. SOC.		(719)481-2836	FAMILY PRACTICE
King, Robert A, MD 7720 S Broadway, #200 Littleton, 80122 (H) 747 Grape St Denver, 80222 ARAPAHOE MED. SOC.	797-8777		OPHTHALMOLOGY
King, Stephen W, MD (H) 9999 E Yale Ave Denver, 80231 DIRECT CMS MEMBER	337-1056		

DENVER

King, Talmadge E Jr, MD 1400 Jackson St Denver, 80206 (H) 2591 S Oakland St Aurora, 80014 DENVER MED. SOC.	398-1333 337-7410	PULMONARY DISEASES	Kobayashi, Thomas K, MD 1633 Fillmore St Denver, 80206 (H) 455 Forest St Denver, 80220 DENVER MED. SOC. GENERAL PRACTICE	388-4091 355-0900	Krekorian, Edmund A, MD Denver Gen Hosp Denver, 80204 (H) 17702 E Berry Pl Aurora, 80015 DENVER MED. SOC.	OTORHINOLARYNGOLOGY HEAD & NECK SURGERY MAXILLOFACIAL SURGERY FACIAL PLASTIC SURGERY LARYNGOLOGY
Kinnard, Melinda M, MD 750 Potomac, #101 Aurora, 80011 (H) 655 Krameria St Denver, 80220 AURORA-ADAMS COUNTY MED. SOC.	 245-1111	PEDIATRICS	Koepke, Jerald W, MD 5800 E Evans Ave Denver, 80222 (H) 5885 W Quarles Dr Littleton, 80123 ARAPAHOE MED. SOC.	756-3614	Kreutzer, Erik W, MD 2020 Wadsworth Blvd, #4 Lakewood, 80215 (H) 3333 E Florida #98 Denver, 80210 CLEAR CREEK VALLEY MED. SOC.	238-1366 778-6161
Kinnard, Theresa L, MD (H) 150 S Monaco Pkwy #205 Denver, 80224 DIRECT CMS MEMBER	355-0368	ANESTHESIOLOGY	Koets, David L, MD (H) 852 Cook St Denver, 80206 DIRECT CMS MEMBER	ALLERGY & IMMUNOLOGY PEDIATRIC ALLERGY PEDIATRICS OCCUPATIONAL MEDICINE	Kuhn, Kathleen R, MD 730 Potomac, #B-5 Aurora, 80011 (H) 4673 S Zenobia St Denver, 80236 AURORA-ADAMS COUNTY MED. SOC.	366-4061
Kinzie, Jeannie J, MD 4200 E 9th Ave Box A 031 Denver, 80262 (H) PO Box 2585 Evergreen, 80439 DENVER MED. SOC.	270-7819	THERAPEUTIC RADIOLOGY	Kolberg, Bruce H, MD 6740 E Hampden Ave, #102 Denver, 80224 ARAPAHOE MED. SOC.	OB & GYNECOLOGY	Kure, Jack R, MD 1719 E 19th Ave Denver, 80218 DIRECT CMS MEMBER	INTERNAL MEDICINE
Kirkpatrick, Douglas H, MD 4200 W Conejos Pl, #516 Denver, 80204 (H) 3995 S Colorado Blvd Englewood, 80110 CLEAR CREEK VALLEY MED. SOC.	571-1821	OB & GYNECOLOGY	Konopka, Derek J, MD 4200 W Conejos Pl Denver, 80204 CLEAR CREEK VALLEY MED. SOC.	592-7284	Kurland, Stanley K, MD (Ret) (H) 2499 S Colorado Blvd #1101 Denver, 80222 DENVER MED. SOC.	RADIOLOGY
Kistler, Dale C, MD 2225 S Dayton St Denver, 80231 AURORA-ADAMS COUNTY MED. SOC.	751-5435	ANESTHESIOLOGY	Kortz, Allan B, MD 601 E Hampden Ave, #470 Englewood, 80110 (H) 3987 S Jasmine St Denver, 80237 ARAPAHOE MED. SOC.	789-1877	Kurowski, J L (Jim), MD 1 S Dahlia St Denver, 80222 (H) 1 S Dahlia St Denver, 80222 DENVER MED. SOC.	PATHOLOGY
Klein, Melvyn H, MD 4545 E 9th Ave, #150 Denver, 80220 (H) 7 Random Rd Englewood, 80110 AURORA-ADAMS COUNTY MED. SOC.	320-2911	NEPHROLOGY INTERNAL MEDICINE	Kosmicki, Patrick W, MD 2045 Franklin St Denver, 80205 (H) 3975 S Cherry St Englewood, 80110 DENVER MED. SOC.	861-3404 759-4719	Kurtz, Michael L, MD 750 Potomac St, #101 Aurora, 80011 (H) 1900 Hudson St Denver, 80220 AURORA-ADAMS COUNTY MED. SOC.	PUBLIC HEALTH
Klenk, Eugene L, MD 1555 Clarkson St Denver, 80203 DENVER MED. SOC.	831-7171	PEDIATRICS PEDIATRIC NEPHROLOGY	Kramish, David, MD 4200 W Conejos, #504 Denver, 80204 (H) 4365 W Warren Ave Denver, 80219 DENVER MED. SOC.	573-7900 936-9368	LaBaw, Wallace L, MD 1721 E 19th Ave, #240 Denver, 80218 (H) 7075 Roaving Fork Tr Boulder, 80301 LAKE COUNTY MED. SOC.	892-1181
Klingensmith, William C, MD 1835 Franklin St Denver, 80218 (H) 4720 E Oxford Ave Englewood, 80110 DENVER MED. SOC.	837-6840 757-4188	DIAGNOSTIC RADIOLOGY	Krause, Kenneth D, MD 2600 S Parker Rd, #221 Aurora, 80014 (H) 263 S Grape St Denver, 80222 AURORA-ADAMS COUNTY MED. SOC.	750-2082 377-6759	Lacy, George M, MD 360 S Garfield St, #690 Denver, 80209 (H) 5051 S Fulton Englewood, 80111 DENVER MED. SOC.	CHILD PSYCHIATRY
				PSYCHIATRY		PLASTIC SURGERY

Lagerborg, Vincent A, MD 1617 Vine St Denver, 80206 (H) 29 Crestmoor Dr Denver, 80220 CLEAR CREEK VALLEY MED. SOC.	377-8837	PATHOLOGY	Law, Ronald K, MD 4200 W Conejos Pl, #214 Denver, 80204 (H) 3 Mountain View Rd Englewood, 80111 CLEAR CREEK VALLEY MED. SOC.	572-1444	CARDIOLOGY	Leight, Harold C, MD 4545 E 9th Ave, #110 Denver, 80220 (H) 225 S Dexter St Denver, 80222 DENVER MED. SOC.	320-2900 388-1292	OPHTHALMOLOGY
Lahey, Duane D, MD 3600 E Alameda Ave Denver, 80209 (H) 314 Grape St Denver, 80220 DENVER MED. SOC.	320-1777	OPHTHALMOLOGY	Lawrence, W Stewart, MD (H) 1130 Harrison St Denver, 80206 DIRECT CMS MEMBER	388-7273	INTERNAL MEDICINE	Leitch, William H, MD (H) 20 Ivy St Denver, 80220 CLEAR CREEK VALLEY MED. SOC.	333-4497	PATHOLOGY
Lampe, John M, MD 900 Grant St, #502 Denver, 80203 (H) 2990 S Monroe St Denver, 80210 DENVER MED. SOC.	837-1000	PEDIATRICS	Leder, Eric H, MD 1325 S Colorado Blvd, #B-306 Denver, 80222 (H) 5796 S Fulton Way Englewood, 80111 DENVER MED. SOC.	759-2985	INTERNAL MEDICINE	Leo, Jan E, MD 1555 Clarkson St Denver, 80203 (H) 980 S Florence Denver, 80231 DENVER MED. SOC.	831-7171	ORTHOPEDIC SURGERY
Landis, Henry, MD 1360 Wadsworth Blvd, #113 Lakewood, 80226 (H) 4830 W Evans Ave Denver, 80219 CLEAR CREEK VALLEY MED. SOC.	988-6777 936-6915	FAMILY PRACTICE	Leder, Max M, MD 1325 S Colorado Blvd, #B-306 Denver, 80222 (H) 45 Bellaire St Denver, 80220 DENVER MED. SOC.	759-2985 333-2963	INTERNAL MEDICINE	Leonard, Michael W, MD 850 E Harvard, #355 Denver, 80210 (H) 219 S Lafayette St Denver, 80209 ARAPAHOE MED. SOC.		ANESTHESIOLOGY
Langendoerfer, Sharon I, MD Denver Gen Hosp 777 Bannock St Denver, 80204 DENVER MED. SOC.	893-7781	PEDIATRICS	Leder, Robert, MD 1325 S Colorado Blvd, #306 Denver, 80222 (H) 6059 S Nome St Englewood, 80111 DENVER MED. SOC.	759-2985	INTERNAL MEDICINE	Lepoff, Ronald B, MD 777 Bannock St Denver, 80204 DENVER MED. SOC.	893-7634	PATHOLOGY
Larkin, Thomas P, MD 2480 S Downing, #100 Denver, 80210 (H) 29 Glenmore Dr Englewood, 80110 ARAPAHOE MED. SOC.	777-5455	OPHTHALMOLOGY	Lee, Robert K, MD 5220 W Evans Ave Denver, 80227 CLEAR CREEK VALLEY MED. SOC.	985-4431	GENERAL PRACTICE EMERGENCY MEDICINE	Lesznik, George R, MD 777 Bannock St Anes Dept Denver, 80204 DENVER MED. SOC.		ANESTHESIOLOGY
Larremore, Theodore W, MD 2525 S Downing Denver, 80210 (H) 3241 Tabor Ct Wheat Ridge, 80033 ARAPAHOE MED. SOC.	778-5666 237-8116	EMERGENCY MEDICINE	Leeds, John F, MD 8380 Zuni St, #115 Denver, 80221 (H) 11335 W 76th Dr Arvada, 80005 CLEAR CREEK VALLEY MED. SOC.	429-3568	PEDIATRICS	Levinson, Mark B, MD 1455 S Potomac St, #207 Aurora, 80012 (H) 8573 E Nassau Av Denver, 80237 AURORA-ADAMS COUNTY MED. SOC.	755-2510	FAMILY PRACTICE
Lasater, Gene M, MD 2005 Franklin St, #450 Denver, 80205 (H) 4850 Whitehall Dr Englewood, 80111 DENVER MED. SOC.	861-2266 771-6502	NEUROLOGY	Lefkowitz, Donald J, MD 4567 E 9th Ave Denver, 80220 (H) 2270 Ash St Denver, 80207 DENVER MED. SOC.	320-2455	EMERGENCY MEDICINE INTERNAL MEDICINE	Levisohn, Leonard W, MD 4545 E 9th Ave, #600 Denver, 80220 DENVER MED. SOC.	320-2884	GENERAL PRACTICE
Lauer, James W, MD 222 Milwaukee St, #306 Denver, 80206 (H) 1909 Forest Pkwy Denver, 80220 DENVER MED. SOC.	377-7189 321-0471	PSYCHIATRY CHILD PSYCHIATRY	Leidholt, John D, MD 2005 Franklin St, #550 Denver, 80205 (H) 125 Southmoor Dr Denver, 80220 DENVER MED. SOC.	839-5383 333-2043	ORTHOPEDIC SURGERY SPORTS MEDICINE	Levisohn, Paul M, MD 2480 S Downing St, #250 Denver, 80210 (H) 3701 S Narcissus Way Denver, 80237 ARAPAHOE MED. SOC.	777-5015	NEUROLOGY CHILD NEUROLOGY
						Levitt, Peter W, MD 3005 E 16th Ave, #340 Denver, 80206 (H) 3965 S Niagara Way Denver, 80237 DENVER MED. SOC.	320-5771	CARDIOVASCULAR DISEASES

DENVER

Levy, Irwin B, MD 2121 S Oneida St, #312 Denver, 80224 (H) 1733 S Leyden St Denver, 80224 ARAPAHOE MED. SOC.	758-0825	Lipman, Edward M, MD 128 Steele St, #200 Denver, 80206 (H) 3960 Nassau Cir Englewood, 80110 DENVER MED. SOC.	388-5741	Loeffler, Robert D, MD 1721 E 19th Ave, #302 Denver, 80218 (H) 715 Lafayette St Denver, 80218 DENVER MED. SOC.	333-4218		
						PSYCHIATRY HYPNOSIS SEXUAL DYSFUNCTION	GENERAL SURGERY ORTHOPEDIC SURGERY
Lewis, David A 1350 Bellaire Denver, 80220 DENVER MED. SOC.		Lipkin, Alan F, MD 950 E Harvard Ave, #500 Denver, 80210 (H) 7061 E Wesley Ave Denver, 80224 ARAPAHOE MED. SOC.		Lombard, Lou-Elizabeth J, MD 2750 Broadway Boulder, 80302 (H) 1826 Race St Denver, 80218 BOULDER COUNTY MED. SOC.			
							OTORHINOLARYNGOLOGY OTOLOGY FACIAL PLASTIC SURGERY LARYNGOLOGY RHINOLOGY
Lewis, Evan L, MD (Ret) 4043 S Newport Way Denver, 80237 (H) 4043 S Newport Way Denver, 80237 DENVER MED. SOC.	758-9152	Lissauer, Werner A, MD 75 S Elm St Denver, 80222 CLEAR CREEK VALLEY MED. SOC.		Lombardi, James C, MD ICH Companies 7887 E Belleview Ave Englewood, 80111 (H) 335 Leyden St Denver, 80220 DENVER MED. SOC.	779-1111 355-5954		ANESTHESIOLOGY
						UROLOGICAL SURGERY	GYNECOLOGY
Lewis, Philip L, MD 3400 S Oneida Way Denver, 80224 (H) 6955 E Exposition Ave Denver, 80224 DENVER MED. SOC.	758-0005	List, James E, MD 1820 Gilpin St Denver, 80218 (H) 3 Carriage Ln Littleton, 80121 DENVER MED. SOC.	388-6396 771-4289	London, Scott F, MD 4200 E 9th Ave Box B-183 Denver, 80262 (H) 1530 Adams St Denver, 80206 DENVER MED. SOC.			
						PEDIATRICS	RADIOLOGY
Lienert, R Eugene, MD 1719 E 19th Ave Denver, 80218 (H) 6144 S Geneva Ct Englewood, 80111 DENVER MED. SOC.	839-6530 770-6026	Litvak, John, MD 1471 Stuart St Denver, 80204 (H) 3830 W 17th Ave Denver, 80204 DENVER MED. SOC.	825-0288	Longwell, Freeman H, MD (Ret) (H) 1745 Monaco Pkwy Denver, 80220 DENVER MED. SOC.	333-0719		NEUROLOGY
						THERAPEUTIC RADIOLOGY	NEUROLOGICAL SURGERY
Lightburn, John L, MD 303 Josephine St, #310 Denver, 80206 (H) 1541 S Genesee Ridge Rd Golden, 80401 DENVER MED. SOC.	399-0754 526-9648	Livingston, Bobbie, MD 1601 Lowell Blvd Denver, 80204 (H) 2144 S Racine #W-203 Aurora, 80014 DIRECT CMS MEMBER	825-2190 745-9466	Lotman, Alfred C, MD 8380 N Zuni St, #130 Denver, 80221 CLEAR CREEK VALLEY MED. SOC.	428-9203		OB & GYNECOLOGY
						PSYCHIATRY	INTERNAL MEDICINE ORTHOPEDIC SURGERY
Lillehei, Kevin O, MD Campus Box C-307 4200 E Ninth Ave Denver, 80262 DENVER MED. SOC.		Livingston, Wallace H, MD (H) 395 S Olive Way Denver, 80224 DENVER MED. SOC.	377-1159	Lowell, David H, MD 1544 York St Denver, 80206 (H) 5870 S Galena St Englewood, 80111 DENVER MED. SOC.	399-6731 779-1287		PATHOLOGY
						NEUROLOGICAL SURGERY	
Lindberg, James P, MD 1555 Clarkson St Denver, 80203 (H) 1577 Shooting Star Dr Golden, 80401 DENVER MED. SOC.	831-7171 526-1514	Locketz, Harold D, MD 1700 E 17th Ave, #101 Denver, 80218 (H) 705 Downing St Denver, 80218 DENVER MED. SOC.	388-1830	Lubchenco, Lula O, MD (Ret) 4200 E 9th Ave Denver, 80262 (H) 716 Monaco Pkwy Denver, 80220 DENVER MED. SOC.	394-7117 377-4504		
						ORTHOPEDIC SURGERY	PSYCHIATRY CHILD PSYCHIATRY
Lindquist, Valdemar A Y, MD 1444 Stuart St Denver, 80204 CLEAR CREEK VALLEY MED. SOC.	892-0547	Lockspeiser, Lester, MD 4200 W Conejos Pl Denver, 80204 (H) 770 Lafayette St Denver, 80218 CLEAR CREEK VALLEY MED. SOC.		Lubchenco, Michael A, MD (Ret) (H) 1250 St Paul St Denver, 80206 DENVER MED. SOC.	333-0546		
						INTERNAL MEDICINE PULMONARY DISEASES	CARDIOVASCULAR DISEASES ADMINISTRATIVE MEDICINE

Lucas, John L, MD 1555 Clarkson St Denver, 80203 831-7171 (H) 3498 E Jamison Ave Littleton, 80122 741-6351 DENVER MED. SOC.	FAMILY PRACTICE GENERAL PREVENTIVE MED	Madan, Veena, MD 899 Pearl St, #8 Denver, 80203 DENVER MED. SOC.	ANESTHESIOLOGY	Mandel, Mickey J, MD 2200 E 18th Ave Denver, 80206 322-7789 (H) 38 Sedgwick Dr Englewood, 80110 789-2011 DENVER MED. SOC.	DERMATOLOGY DERMATOPATHOLOGY
Luethke, James M, MD FAMC Rad Dept Aurora, 80045 361-8275 (H) 464 Madison St Denver, 80206 DIRECT CMS MEMBER	DIAGNOSTIC RADIOLOGY	Madison, Bruce A, MD (H) 925 S Garfield St Denver, 80209 355-2546 DENVER MED. SOC.	EMERGENCY MEDICINE PUBLIC HEALTH	Manfre, Kenneth, MD 1550 S Potomac, #235 Aurora, 80012 671-0808 (H) 8101 E Dartmouth Denver, 80231 AURORA-ADAMS COUNTY MED. SOC. OB & GYN ECOLOGY	
Macaluso, Frank A Jr, MD (H) 2976 S Willow St Denver, 80231 DIRECT CMS MEMBER		Madison, David S, MD 5150 Yale Cir, #305 Denver, 80222 757-6408 ARAPAHOE MED. SOC.		Mangalik, Asha, MD 281 E 88th Ave Denver, 80229 429-6000 (H) 139 Holly St Denver, 80220 321-6438 CLEAR CREEK VALLEY MED. SOC.	PEDIATRICS
MacCarter, Daryl K, MD Denver Internal Med Grp 155 S Madison St #210 Denver, 80209 333-5456 DENVER MED. SOC.	INTERNAL MEDICINE RHEUMATOLOGY	Maestas, Gilbert B, MD 3005 E 16th Ave, #550 Denver, 80206 388-5985 DENVER MED. SOC.	FAMILY PRACTICE	Mangione, Ellen J, MD 4210 E 11th Ave Denver, 80220 330-8330 (H) 330 Bellaire St Denver, 80220 394-2289 DIRECT CMS MEMBER	GENERAL PREVENTIVE MED INTERNAL MEDICINE
Machanic, Bennett I, MD 4545 E 9th Ave, #650 Denver, 80220 320-2946 AURORA-ADAMS COUNTY MED. SOC.	NEUROLOGY	Mahony, Thomas H Jr, MD 3535 Cherry Creek N Dr Denver, 80209 388-4247 (H) 1925 Grape St Denver, 80220 377-0588 DENVER MED. SOC.	INTERNAL MEDICINE	Mangione, William J, MD 730 Potomac St, #102 Aurora, 80011 343-3814 (H) 330 Bellaire St Denver, 80220 AURORA-ADAMS COUNTY MED. SOC. ORTHOPEDIC SURGERY	
Mack, Robert P, MD 2005 Franklin St, #550 Denver, 80205 839-5389 (H) 244 Garfield Denver, 80206 377-5757 DENVER MED. SOC.	ORTHOPEDIC SURGERY	Major, Francis J, MD 301 W 7th Ave Denver Gen Hosp Denver, 80204 893-7658 (H) 4900 S Clarkson St Englewood, 80110 789-0417 DENVER MED. SOC.	GYNECOLOGY ONCOLOGY	Manke, William F, MD 1820 Gilpin St, #210 Denver, 80218 388-6396 (H) 3 Tamarac Ln Englewood, 80110 789-1280 DENVER MED. SOC.	DIAGNOSTIC RADIOLOGY
MacMillan, Hugh A, MD (Ret) (H) 668 Gilpin St Denver, 80218 355-4313 DENVER MED. SOC.	GENERAL SURGERY	Major, Joseph J, DO 820 Clermont St, #10 Denver, 80220 333-1677 (H) 5644 S Jamaica Way Englewood, 80111 DENVER MED. SOC.	GENERAL SURGERY	Mann, James G, MD 4200 W Conejos Pl, #402 Denver, 80204 573-9951 CLEAR CREEK VALLEY MED. SOC.	GASTROENTEROLOGY
Macomber, Douglas W, MD (Ret) (H) 3131 E Alameda Ave #304 Denver, 80209 722-1902 DENVER MED. SOC.	PLASTIC SURGERY	Maloney, James M III, MD 1555 Clarkson St Denver, 80203 831-7171 (H) 677 Lafayette St Denver, 80218 MESA COUNTY MED. SOC.	DERMATOLOGY	Marcelo, Teresita R, MD 950 E Harvard Ave, #360 Denver, 80210 777-2183 ARAPAHOE MED. SOC.	PHYSICAL MEDICINE & REHAB
MacPhee, William M, MD 730 Potomac St, #222 Aurora, 80011 341-7370 (H) 1593 S Uinta Way Denver, 80231 AURORA-ADAMS COUNTY MED. SOC.	GENERAL SURGERY COLON & RECTAL SURGERY TRAUMATIC SURGERY PEDIATRIC SURGERY TUMOR SURGERY	Manart, Frank D, MD 2005 Franklin St Midtown II #410 Denver, 80205 832-6165 (H) 355 Dexter St Denver, 80220 322-3555 DENVER MED. SOC.	CARDIOVASCULAR SURGERY THORACIC SURGERY	Markham, Allen M Jr, MD (Ret) 11878 Vallejo St Denver, 80234 CLEAR CREEK VALLEY MED. SOC.	
				Markovchick, Vincent J, MD Denver Gen Hosp Denver, 80204 893-7034 (H) 1825 Mt Zion Dr Golden, 80401 278-2297 DIRECT CMS MEMBER	EMERGENCY MEDICINE

McElhinney, James P, MD 1707 E 18th Ave Denver, 80218 (H) 761 Gaylord St Denver, 80206 DENVER MED. SOC.	321-6600	ORTHOPEDIC SURGERY	McMillin, Kim I, MD St Joseph Hospital Denver, 80218 (H) 6215 S Galena Ct Englewood, 80111 DENVER MED. SOC.	RADIOLOGY	Melzer, Robert B, MD 950 E Harvard, #420 Denver, 80210 (H) 3490 S Clayton Englewood, 80110 ARAPAHOE MED. SOC.	778-1886	GENERAL SURGERY
McFee, John G, MD Denver Gen Hosp Denver, 80204 (H) 109 Franklin St Denver, 80218 DENVER MED. SOC.	893-7656	OB & GYN ECOLOGY	McQuaid, James L, MD Porter Mem Hosp 2525 S Downing St Denver, 80210 ARAPAHOE MED. SOC.	778-5786	Mencini, Raymond A, MD St. Anthony Hospital 4231 W 16th Ave Denver, 80204 (H) 5703 S Kittredge St Aurora, 80015 CLEAR CREEK VALLEY MED. SOC.		RADIOLOGY
McGill, Joseph J, MD (Ret) 475 Colorado Blvd Denver, 80206 DENVER MED. SOC.	377-0324	GENERAL SURGERY	Mead, Alexander, MD PO Box 8806 Denver, 80201 DENVER MED. SOC.	331-2866	Menconi, Lawrence R, MD 8400 N Alcott, #103 Westminster, 80030 (H) 11445 Quivas Way Denver, 80234 CLEAR CREEK VALLEY MED. SOC.	427-3888	OB & GYN ECOLOGY
McGlone, Frank B, MD 1420 Ogden St Denver, 80218 (H) 11 Columbine Ln Littleton, 80123 DENVER MED. SOC.	832-6069	INTERNAL MEDICINE GERIATRICS	Meagher, David P Jr, MD 1010 E 19th Ave #405 Tammen Hall Denver, 80218 (H) 17208 Rimrock Dr Golden, 80401 DENVER MED. SOC.	861-4871 279-1532	Mendenhall, John C, MD (Ret) 2440 S Jackson Denver, 80210 (H) 2440 S Jackson St Denver, 80210 DENVER MED. SOC.	759-0625	INTERNAL MEDICINE
McGuire, Brian M, MD 4200 W Conejos Pl, #324 Denver, 80204 (H) 6305 W 6th Ave #D-18 Lakewood, 80214 CLEAR CREEK VALLEY MED. SOC.	825-1373	GENERAL SURGERY THORACIC SURGERY	Mehta, Sunder J, MD 3005 E 16th, #520 Denver, 80206 (H) 5760 S Geneva St Englewood, 80111 DENVER MED. SOC.	388-6874	Mendez, William H, MD 3120 W 29th Ave Denver, 80211 CLEAR CREEK VALLEY MED. SOC.	433-2565	FAMILY PRACTICE
McKenna, Robert L, MD 3535 Cherry Creek N Dr, #305 Denver, 80209 (H) 800 S Steele St Denver, 80209 DENVER MED. SOC.	388-5323 777-5193	INTERNAL MEDICINE	Meinig, Richard P, MD UCHSC 4200 E 9th Ave Denver, 80262 (H) 1266 Bellaire St Denver, 80220 DIRECT CMS MEMBER	270-7647	Menhusen, Monty J, DO 777 Bannock Denver, 80204 DENVER MED. SOC.		ANESTHESIOLOGY
McKinnon, Douglas A, MD 1700 Marion St Denver, 80218 (H) 333 Ivy St Denver, 80220 DENVER MED. SOC.	839-5113 320-8484	PLASTIC SURGERY	Meister, Edward J, MD (Ret) (H) 2020 S Monroe St #534 Denver, 80210 DENVER MED. SOC.		Merrick, Thomas A, MD 1719 E 19th Ave Path Dept Denver, 80218 (H) 665 Marion St Denver, 80218 DENVER MED. SOC.	839-6800 832-5048	PATHOLOGY
McMahon, B Thomas, MD 1201 Williams St Denver, 80218 DENVER MED. SOC.	333-5318	ALLERGY INTERNAL MEDICINE	Melinkovich, Paul, MD 777 Bannock St Denver, 80204 (H) 2190 S Interlocken Dr Evergreen, 80439 DENVER MED. SOC.	893-7610 670-3692	Messenbaugh, Robert L, MD 8370 W 38th Ave, #201 Wheat Ridge, 80033 (H) 30 Polo Club Cir Denver, 80209 CLEAR CREEK VALLEY MED. SOC.	422-1388	ORTHOPEDIC SURGERY
McMahon, Richard T, MD 950 E Harvard Ave, #620 Denver, 80210 ARAPAHOE MED. SOC.	744-2447	ONCOLOGY INTERNAL MEDICINE	Meltzer, Gerald E, MD 4999 E Kentucky, #202 Denver, 80222 (H) 4961 S Clinton Englewood, 80111 AURORA-ADAMS COUNTY MED. SOC.	756-1818	Mestas, T Robert, MD 1965 S University Blvd Denver, 80210 (H) 7017 S Spruce Dr W Englewood, 80112 DENVER MED. SOC.	861-4868	OB & GYN ECOLOGY
					Meyers, Barry E, MD 4200 W Conejos Pl, #436 Denver, 80204 DENVER MED. SOC.	572-1953	GENERAL SURGERY

DENVER

Meza, Felix, MD	
3120 W 29th Ave	
Denver, 80211	433-2565
(H) 6001 E Cedar Ave	
Denver, 80224	399-9167
DENVER MED. SOC.	
CARDIOVASCULAR SURGERY	
THORACIC SURGERY	

Michael, Christopher S, MD
UCHSC Anes Dept
4200 E 9th Ave
Denver, 80262
(H) 1319 Josephine St
Denver, 80206
DIRECT CMS MEMBER

388-3128

ANESTHESIOLOGY

Michalek, Michael	1049 Humboldt St	
	Denver, 80218	831-6399
(H)	1049 Humboldt St	
	Denver, 80218	832-5434
	DENVER MED. SOC.	

Mijer, Frits, MD	
2465 S Downing St	
Denver, 80210	744-3579
(H) 6660 E Eastman	
Denver, 80224	757-2570
ARAPAHOE MED. SOC.	
	PEDIATRICS

Mikles, Devin A, MD
3451 S Chambers Rd
Aurora, 80014
(H) 555 E 10th Ave #304
Denver, 80203
AURORA-ADAMS COUNTY MED. SOC.
INTERNAL MEDICINE

Miller, Alvin P, MD
(H) 3273 S Pontiac St
Denver, 80224
DENVER MED. SOC.

Miller, Edward S, MD
(H) 4182 S Rosemary Way
Denver, 80237 771-8368
DENVER MED. SOC.
INTERNAL MEDICINE
ADMINISTRATIVE MEDICINE

Miller, Gerald M, MD
4545 E 9th Ave, #260
Denver, 80220 388-9321
(H) 2800 S University Blvd
Denver, 80210 756-9186
DENVER MED. SOC.
UROLOGICAL SURGERY

Miller, Wayne A, MD
2465 S Downing St
Denver, 80210 777-7584
(H) 3040 Interlocken Dr
Evergreen, 80439 674-1004
MT. EVANS MED. SOC.
DIAGNOSTIC RADIOLOGY
NUCLEAR RADIOLOGY
NUCLEAR MEDICINE

Minsky, Joan E, MD
360 S Monroe St, #340
Denver, 80209 322-2415
DENVER MED. SOC.
PSYCHIATRY
CHILD PSYCHIATRY

Minton, Douglas G, MD
1060 S Parker Rd, #13
Denver, 80231 837-7599
DENVER MED. SOC.

Minzer, Eugene R, MD	
4200 W Conejos Pl, #234	
Denver, 80204	623-2976
(H) 315 Krameria St	
Denver, 80220	377-2266
DENVER MED. SOC.	

Minzter, Ronald M, MD
(H) 1200 S Oneida #13-303
Denver, 80224 756-2737
DIRECT CMS MEMBER

Miotto, Karen A
(H) 783 Eudora St
Denver, 80220 355-6415
DENVER MED. SOC.

Mishell, Jeffrey L, MD
4545 E 9th Ave, #150
Denver, 80220 320-2911
AURORA-ADAMS COUNTY MED. SOC.
NEPHROLOGY

Mitchel, Duane H, MD
1633 Fillmore St, #204
Denver, 80206
(H) 1243 Gaylord St #505
Denver, 80206
DENVER MED. SOC.

Mitchell, Roger S, MD
(H) 245 Kearney St
Denver, 80220 355-4978
DENVER MED. SOC.
PULMONARY DISEASES

Moehring, Roswitha, MD	
1555 Clarkson St	
Denver, 80203	831-7171
(H) 2235 Julian	
Denver, 80211	
DENVER MED. SOC.	

Mokrohisky, Stefan T, MD
2045 Franklin St
Denver, 80205 861-3558
(H) 4825 E 18th Ave
Denver, 80220
DENVER MED. SOC.

Moldauer, Leslie, MD
658 Grant St
Denver, 80203 831-0370
(H) 140 Cherry St
Denver, 80220 321-8180
DENVER MED. SOC.
PSYCHIATRY

Molk, Leizer, MD
4720 Tejon St
Denver, 80211
DENVER MED. SOC.

433-6563

INTERNAL MEDICINE
ALLERGY

Momii, Dick D, MD	
1633 Fillmore, #1	
Denver, 80206	388-4091
(H) 101 S Eudora	
Denver, 80222	333-8216
DENVER MED. SOC.	
	GENERAL PRACTICE

Monheit, Peter I, MD
3545 S Tamarac Dr, #130
Denver, 80237 771-1647
(H) 4060 S Hudson Way
Englewood, 80110
ARAPAHOE MED. SOC.
FAMILY PRACTICE

Monsour, James W, MD	
3005 E 16th Ave, #210	
Denver, 80206	393-6602
(H) 1029 E 8th Ave	
Denver, 80218	832-5779
DENVER MED. SOC.	
	GENERAL SURGERY

Montana, Margaret A, MD
1820 Gilpin St, #210
Denver, 80218 388-6396
(H) 851 S Josephine
Denver, 80209 744-7531
DENVER MED. SOC.
RADIOLOGY

Montrey, Jill S, MD
14200 E Arapahoe Rd, #360
Englewood, 80112 699-1110
(H) 774 Locust St
Denver, 80220
AURORA-ADAMS COUNTY MED. SOC.
GENERAL SURGERY

Moo-Young, George A, MD
850 E Harvard Ave, #505
Denver, 80210 778-1910
ARAPAHOE MED. SOC.
OPHTHALMOLOGY

Moon, William A Jr, MD	
3535 Cherry Creek N Dr, #100	
Denver, 80209	321-6117
(H) 3495 S Birch St	
Denver, 80222	757-0772
DENVER MED. SOC.	
	PEDIATRICS
	ALLERGY

Moore, Cyril S C, MD
3202 W Colfax
Denver, 80204 825-1234
(H) 6325 W Mansfield #217
Denver, 80235 985-2217
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
GERIATRICS

Moore, Ernest E Jr, MD Denver General Hosp 777 Bannock St Denver, 80204 (H) 721 Downing St Denver, 80218 DENVER MED. SOC.	893-7045	TRAUMATIC SURGERY GENERAL SURGERY	Morrison, John D, MD 950 E Harvard Ave, #440 Denver, 80210 (H) 1 Windover Rd Littleton, 80121 ARAPAHOE MED. SOC.	777-0577	FAMILY PRACTICE
Moore, Frederick, MD 777 Bannock St Denver, 80204 (H) 3852 S Quebec Denver, 80237 DIRECT CMS MEMBER	893-7045	GENERAL SURGERY	Moser, Edgar A, MD 4770 E Iliff, #110 Denver, 80222 (H) 7971 E Linvale Pl Denver, 80231 ARAPAHOE MED. SOC.	758-3888 773-1286	PSYCHIATRY
Moore, George E, MD 750 Cherokee St Denver General Hosp Denver, 80204 (H) 12048 Blackhawk Dr Conifer, 80433 DENVER MED. SOC.	893-7024 670-1514	GENERAL SURGERY ONCOLOGY TUMOR SURGERY AMBULATORY MEDICINE	Mosko, Joel, MD 128 Steele St, #202 Denver, 80206 (H) 390 Forest St Denver, 80220 DENVER MED. SOC.	322-7571	GENERAL PRACTICE
Moore, Lucy, MD (H) 790 Washington St Denver, 80203 DIRECT CMS MEMBER	882-4009		Moulton, Jeffrey S, MD 4231 W 16th Ave Dept of Rad Denver, 80204 (H) 6023 S Beeler Englewood, 80111 CLEAR CREEK VALLEY MED. SOC.		RADIOLOGY
Moore, Michael L, MD 4545 E 9th Ave Denver, 80220 (H) 4490 S Yosemite Englewood, 80111 DENVER MED. SOC.		INFERTILITY GYNECOLOGY	Mountain, Richard D, MD 950 E Harvard Ave, #200 Denver, 80210 (H) 6553 S Madison Ct Littleton, 80121 ARAPAHOE MED. SOC.	777-8766	PULMONARY DISEASES INTERNAL MEDICINE
Moore, Patrick T, MD 4231 W 16th Ave, #A Denver, 80204 (H) 9205 E Crestline Ave Englewood, 80111 CLEAR CREEK VALLEY MED. SOC.			Mueller, Ferdinand Jr, MD 2005 Franklin St, II #550 Denver, 80205 (H) 1601 Ivy St Denver, 80220 DENVER MED. SOC.	837-0912	UROLOGICAL SURGERY
Moorman, Lemuel T, MD 1721 E 19th Ave, #232 Denver, 80218 (H) 35 Polo Club Cir Denver, 80209 DENVER MED. SOC.	861-4850	OPHTHALMOLOGY	Mueller, John F, MD 3005 E 16th Ave, #350 Denver, 80206 (H) 3333 E Florida Ave #88 Denver, 80210 DENVER MED. SOC.	388-4347 777-8638	INTERNAL MEDICINE
Morgan, David L, MD Swedish Med Ctr Path Dept 501 E Hampden Englewood, 80110 (H) 811 Grape Denver, 80220 ARAPAHOE MED. SOC.		PATHOLOGY	Muftic, Michael, MD 3005 E 16th Ave, #509 Denver, 80206 (H) 3671 S Pontiac Way Denver, 80237 DENVER MED. SOC.	388-1693	OB & GYNECOLOGY
Morrell, Don L, MD 7373 W Jefferson, #303 Denver, 80235 (H) 320 S Gaylord St Denver, 80209 DENVER MED. SOC.	985-7851 722-7160	PEDIATRICS	Mules, Janet E, MD 4770 E Iliff Ave, #106 Denver, 80222 AURORA-ADAMS COUNTY MED. SOC.	758-4760	PSYCHIATRY
					Mumma, Donna L, MD (H) 601 S Gaylord Denver, 80209 DIRECT CMS MEMBER
					Murahata, Sue A, MD 4545 E 9th Ave, #310 Denver, 80220 DENVER MED. SOC.
					OB & GYNECOLOGY
					Murphy, Carla E, DO St Anthony Hosp Emer Dept Denver, 80204 (H) 4801 S Wadsworth Blvd #2-209 Littleton, 80123 DIRECT CMS MEMBER
					EMERGENCY MEDICINE
					Murphy, Daniel S, MD 2005 Franklin St, #330 Denver, 80205 (H) 1111 Race St #9A Denver, 80206 DENVER MED. SOC.
					OTORHINOLARYNGOLOGY
					Murr, Peter C, MD 1555 Clarkson St Denver, 80203 (H) 236 Elm St Denver, 80220 DENVER MED. SOC.
					GENERAL SURGERY
					Murray, Ives P, MD 2005 Franklin St, #700 Denver, 80205 (H) 739 Fairfax St Denver, 80220 DENVER MED. SOC.
					ANESTHESIOLOGY
					Musso, Carlo A, MD (H) 4331 E Mexico Denver, 80222 DIRECT CMS MEMBER
					EMERGENCY MEDICINE
					Mutz, Austin, MD (Ret) (H) 1129 Pontiac St Denver, 80220 DENVER MED. SOC.
					INTERNAL MEDICINE
					Myers, Carl B, MD 1066 S Dahlia, #E-8 Denver, 80222 (H) 1066 S Dahlia #E-8 Denver, 80222 DENVER MED. SOC.
					OTORHINOLARYNGOLOGY
					Nakakuki, Masafumi, MD 4770 E Iliff Ave, #114 Denver, 80222 AURORA-ADAMS COUNTY MED. SOC.
					PSYCHIATRY

DENVER

Nanna, Richard T, MD 1801 Williams St, #401 Denver, 80218 (H) 3255 Newton St Denver, 80211 DIRECT CMS MEMBER	322-7708 477-8414	FAMILY PRACTICE	Nelson, Marvin C, MD 3535 Cherry Creek N Dr Denver, 80209 (H) 300 Marion St Denver, 80218 DENVER MED. SOC.	388-5629 777-0300	DERMATOLOGY	Norton, John T, MD 1901 Clarkson St Denver, 80218 (H) 13497 Hwy 83 N Parker, 80134 DENVER MED. SOC. GENERAL PRACTICE	839-5338
Narrod, James A, MD 2005 Franklin St Midtown II #680 Denver, 80205 (H) 5301 E 6th Ave Denver, 80220 DENVER MED. SOC.	393-0762	THORACIC SURGERY GENERAL SURGERY	Nelson, Nancy E, MD 4200 E 9th Ave, C-303 Denver, 80262 (H) 1265 Elizabeth St Denver, 80206 DENVER MED. SOC.	270-8262 322-2305	PEDIATRICS	Norton, Philip H, MD 730 Potomac St, #214 Aurora, 80011 (H) 2800 S University Blvd #39 Denver, 80210 AURORA-ADAMS COUNTY MED. SOC. FAMILY PRACTICE	364-3376 757-0797
Nauts, Ruth B, MD 730 Potomac St, #102 Aurora, 80011 (H) 1181 Grape St Denver, 80220 AURORA-ADAMS COUNTY MED. SOC. ORTHOPEDIC SURGERY			Nelson, William R, MD 2005 Franklin St, #180 Denver, 80205 (H) 643 Dexter St Denver, 80220 DENVER MED. SOC.	861-1995 393-8404	HEAD & NECK SURGERY TUMOR SURGERY ONCOLOGY	Nye, John R, MD 1555 Clarkson St Denver, 80203 DENVER MED. SOC.	831-7171 INTERNAL MEDICINE
Nawaz, Dilsher, MD 601 E 19th Ave Denver, 80203 (H) 17033 E Greenwood Cir Aurora, 80013 DIRECT CMS MEMBER	839-1000		Nevison, Thomas O, MD 1301 Pennsylvania St, #430 Denver, 80203 (H) 130 Pearl St #204 Denver, 80203 INTERMOUNTAIN MED. SOC.		ANESTHESIOLOGY AEROSPACE MEDICINE	Nygaard, Airell L, MD 3773 Cherry Creek N Dr, #600 Denver, 80209 DENVER MED. SOC.	331-9292 ORTHOPEDIC SURGERY
Nay, Leston B, MD 7720 S Broadway, #480 Littleton, 80122 (H) 8405 E Hampden #9H Denver, 80231 ARAPAHOE MED. SOC.	794-8999	NEUROLOGY CHILD NEUROLOGY	Newens, Adrian F, MD 1301 Pennsylvania St, #430 Denver, 80203 (H) 6120 E 6th Ave Denver, 80220 AURORA-ADAMS COUNTY MED. SOC.	894-9595 320-1569	ANESTHESIOLOGY	O'Brian, Charles R, MD ARCO-DAT 716 555 17th St Denver, 80202 DENVER MED. SOC.	293-4264 OCCUPATIONAL MEDICINE
Near, Alida R, MD 850 E Harvard Ave, #355 Denver, 80210 (H) 58 Glenalla Pl Castle Rock, 80104 ARAPAHOE MED. SOC.	778-7910 688-5106	ANESTHESIOLOGY	Newman, Lee S, MD 1400 Jackson St Denver, 80206 (H) 1658 Eudora St Denver, 80220 DENVER MED. SOC.		PULMONARY DISEASES	O'Connor, Sharon E, MD 2525 S Downing St Denver, 80210 (H) 5805 S Monaco St Englewood, 80111 ARAPAHOE MED. SOC.	839-5113 781-1122 EMERGENCY MEDICINE INTERNAL MEDICINE
Needham, Merl E, MD 7373 W Jefferson, #102 Denver, 80235 (H) 5958 S Zenobia Ct Littleton, 80123 ARAPAHOE MED. SOC.	988-5252 795-9947	PEDIATRICS	Nieland, Leo J, MD 240 Milwaukee St Denver, 80206 (H) 444 Clermont St Denver, 80220 DENVER MED. SOC.	388-9335	OB & GYNECOLOGY	O'Donnell, Richard S, MD 1700 Marion St Denver, 80218 (H) #1 Foxhill Rd Englewood, 80110 DENVER MED. SOC.	839-5113 781-1122 PLASTIC SURGERY
Nelson, J Phillip, MD 3535 Cherry Creek N Dr, #301 Denver, 80209 (H) 35878 E Mississippi Ave Watkins, 80137 DENVER MED. SOC.	333-2357	ORTHOPEDIC SURGERY	Noda, Albert Y, MD 1227 27th St Denver, 80205 (H) 4735 Montview Blvd Denver, 80207 DENVER MED. SOC.	295-1110 388-0790	FAMILY PRACTICE	O'Dowd, Mary K, MD (H) 2330 S Kearney #226 Denver, 80222 DIRECT CMS MEMBER	757-4578 INTERNAL MEDICINE
Nelson, John M, MD 303 Ivanhoe St Denver, 80220 DENVER MED. SOC.	388-9532	PEDIATRICS	Nonas, Nicholas G, MD 601 E Hampden Ave, #475 Englewood, 80110 (H) 5435 E 6th Ave Denver, 80220 ARAPAHOE MED. SOC.	781-9416 329-6005	FAMILY PRACTICE ALLERGY	O'Loughlin, Edward P, MD 1965 S University Blvd Denver, 80210 (H) 13935 E Utah Cir Aurora, 80012 DENVER MED. SOC.	861-4868 695-4096 OB & GYNECOLOGY
Nelson, John M, MD 303 Ivanhoe St Denver, 80220 DENVER MED. SOC.						O'Meara, Owen P, MD Denver Gen Hosp Denver, 80204 (H) 8595 E Mineral Cir Englewood, 80112 DIRECT CMS MEMBER	893-7781 PEDIATRICS NEONATOLOGY

O'Neill, Eugene T, MD 2480 S Downing St, #150 Denver, 80210 (H) 4711 S Downing St Englewood, 80110 ARAPAHOE MED. SOC.	777-7340 761-3107	Osa, Steven R, MD 950 E Harvard Ave, #650 Denver, 80210 (H) 7574 S Cook Way Littleton, 80122 ARAPAHOE MED. SOC.	722-4683 694-9647	Panter, Edward G, MD 1245 E Colfax Ave Denver, 80218 (H) 801 S Harrison St Denver, 80209 DENVER MED. SOC.	832-5168 733-7828	
	FAMILY PRACTICE		ENDOCRINOLOGY & METABOLISM		OPHTHALMOLOGY	
Ogura, George I, MD (Ret) (H) 1828 E 7th Ave Pkwy Denver, 80218 DENVER MED. SOC.		Otsuka, Alvin L, MD PO Box 27437 Denver, 80227 CLEAR CREEK VALLEY MED. SOC.	427-8804	Panter, Kent W, MD 1245 E Colfax Ave Denver, 80218 DENVER MED. SOC.		OPHTHALMOLOGY
	FORENSIC PATHOLOGY		ONCOLOGY HEMATOLOGY INTERNAL MEDICINE			
Okin, J Thos, MD 4200 W Conejos Pl, #214 Denver, 80204 CLEAR CREEK VALLEY MED. SOC.	572-1444	Overett, Thomas K, MD 950 S Cherry St, #718 Denver, 80222 (H) 225 S Williams St Denver, 80209 DENVER MED. SOC.	757-4809	Papenfus, Kurt F, MD 4200 E 9th Ave Denver, 80262 (H) 417 Peery Pkwy Golden, 80403 DENVER MED. SOC.		
	CARDIOLOGY					
Oliphant, Manford M Jr, MD 1955 Pennsylvania St, #400 Denver, 80203 (H) 10 Windover Rd Littleton, 80121 DENVER MED. SOC.	831-8344	Overy, Hugh R, MD 3005 E 16th Ave, #540 Denver, 80206 (H) 95 Dexter Denver, 80220 DENVER MED. SOC.	333-2504	Pappas, George, MD Children's Hosp 1056 E 19th Ave Denver, 80218 (H) 3595 E Long Rd Littleton, 80121 DENVER MED. SOC.	861-6660 740-8214	THORACIC SURGERY CARDIOVASCULAR SURGERY
	OB & GYN ECOLOGY		GENERAL SURGERY			
Olsen, Eric B UCHSC 4200 E 9th Ave Denver, 80262 (H) 845 Monroe St Denver, 80206 DENVER MED. SOC.	270-8262 393-0760	Owens, J Cuthbert, MD 4200 E 9th Ave Denver, 80262 (H) 4081 S Dahlia Englewood, 80110 DENVER MED. SOC.	355-5173 756-0272	Pardos, George J, MD 1555 Clarkson St Denver, 80203 DENVER MED. SOC.	860-8338	OPHTHALMOLOGY
			CARDIOVASCULAR DISEASES			
Onat, Maurine, MD 1501 S Gaylord St Denver, 80210 (H) 8268 S Jasmine Ct Englewood, 80112 DENVER MED. SOC.	733-3660	Oxman, Albert C, MD 4545 E 9th Ave, #620 Denver, 80220 (H) 11 S Holly St Denver, 80222 DENVER MED. SOC.	320-2860 333-5038	Parker, Kay C, MD 850 E Harvard Ave, #355 Denver, 80210 (H) 7475 Rossman Gulch Rd Morrison, 80465 ARAPAHOE MED. SOC.	778-7910	ANESTHESIOLOGY INTERNAL MEDICINE
	INTERNAL MEDICINE		GENERAL SURGERY VASCULAR SURGERY			
Opatowski, Michael B, DO 899 Logan Denver, 80203 (H) 220 Dexter St Denver, 80222 DIRECT CMS MEMBER	860-8500 333-5005	Ozamoto, Isamu, MD 1951 S Balsam St Denver, 80227 DENVER MED. SOC.	INTERNAL MEDICINE	Parker, Richard K, MD 2005 Franklin St, #11-680 Denver, 80205 (H) 44 S Birch St Denver, 80222 DENVER MED. SOC.	861-8158	THORACIC SURGERY CARDIOVASCULAR SURGERY
	EMERGENCY MEDICINE GENERAL PRACTICE		GENERAL PRACTICE			
Oppegard, Charles R, MD 8095 E Prentice Ave Englewood, 80111 (H) 2405 S Dahlia Ln Denver, 80222 DENVER MED. SOC.	771-0677 757-0862	Page, Doris A, MD 1017 E 9th Ave Denver, 80218 DENVER MED. SOC.	831-8555	Parker, Robert K, MD (H) 825 Dahlia St #804 Denver, 80220 DIRECT CMS MEMBER	322-7457	PATHOLOGY
	PSYCHIATRY		GENERAL PRACTICE FAMILY PRACTICE			
Orsborn, George E Jr, MD 3919 W 38th Ave Denver, 80212 (H) 4361 Dover St Wheat Ridge, 80033 DENVER MED. SOC.	455-9361	Paley, Aaron, MD (Ret) (H) 1470 S Quebec Way #30 Denver, 80231 DENVER MED. SOC.	750-9920	Parkinson, Wendy M, MD 950 S Cherry St, #600 Denver, 80222 (H) 6201 E 6th Ave Denver, 80220 DENVER MED. SOC.	759-0400	ANESTHESIOLOGY
	ALLERGY GENERAL PRACTICE		PSYCHIATRY			
				Parsons, Debra J, MD (H) 1165 Lafayette Denver, 80218 DIRECT CMS MEMBER		INTERNAL MEDICINE

DENVER

Parsons, Donald W, MD 2045 Franklin St Denver, 80205 (H) 6380 S Coventry Ln W Littleton, 80123 DENVER MED. SOC.	861-2121 795-6752	GENERAL SURGERY	Peppers, Tracy D, MD (Ret) (H) 1899 S Forest St Denver, 80222 WELD COUNTY MED. SOC.	757-5336 PEDIATRICS	Petty, Stephen T, MD 850 E Harvard Ave, #505 Denver, 80210 DENVER MED. SOC.	OPHTHALMOLOGY
Pash, Robert, MD 4545 E 9th Ave, #490 Denver, 80220 (H) 2525 S Dayton Way Denver, 80231 DENVER MED. SOC.	321-0176 751-0493	GENERAL SURGERY	Perisho, Kathy L (H) 7575 E Arkansas Denver, 80231 DIRECT CMS MEMBER	755-0829	Petty, Thomas L, MD 4200 E 9th Ave Webb Waring Lung Inst Denver, 80262 (H) 1940 Grape St Denver, 80220 DENVER MED. SOC.	270-7767 377-0773 PULMONARY DISEASES
Paton, Bruce C, MD 950 E Harvard Ave, #680 Denver, 80210 (H) 260 Newport St Denver, 80220 ARAPAHOE MED. SOC.	778-6527 333-8205	THORACIC SURGERY CARDIOVASCULAR SURGERY	Perreten, Frank A, MD (Ret) (H) 60 S Birch St Denver, 80222 DENVER MED. SOC.	OPHTHALMOLOGY	Pfaff, David S, MD 950 E Harvard Ave, #350 Denver, 80210 (H) 5455 Niagara Ct Englewood, 80111 ARAPAHOE MED. SOC.	777-5457 773-2280 OPHTHALMOLOGY
Patten, Albert M, MD (Ret) (H) 3475 Belcaro Ln Denver, 80209 DENVER MED. SOC.	777-5327	INTERNAL MEDICINE	Persoff, Michael, MD 950 E Harvard Ave, #560 Denver, 80210 (H) 2838 S Oakland Cr E Aurora, 80014 ARAPAHOE MED. SOC.	744-2758 NEPHROLOGY	Phelps, Dwight S, MD 13482 Jackson Dr Denver, 80241 DIRECT CMS MEMBER	452-1859 EMERGENCY MEDICINE
Patterson, Joseph H, MD 1830 Gaylord St Denver, 80206 (H) 3850 S Albion St Englewood, 80110 DENVER MED. SOC.	388-2431 758-0508	UROLOGICAL SURGERY	Persoff, Nathan S, MD 2480 S Downing St, #150 Denver, 80210 ARAPAHOE MED. SOC.	788-6490 FAMILY PRACTICE	Phillips, Robert G, MD 1555 Clarkson St Denver, 80203 (H) 323 Clermont St Denver, 80220 DENVER MED. SOC.	831-7171 377-0560 INTERNAL MEDICINE GASTROENTEROLOGY
Pear, Bert Lincoln, MD 280 Columbine St, #312 Denver, 80206 DENVER MED. SOC.	322-1891	RADIOLOGY	Pertcheck, Lawrence M, MD 2465 S Downing Denver, 80210 (H) 39 Charlou Cir Englewood, 80111 CLEAR CREEK VALLEY MED. SOC.	694-0508 RADIOLOGY	Philpott, Ivan W, MD (Ret) (H) 172 S Forest St Denver, 80222 DENVER MED. SOC.	333-0259 OTORHINOLARYNGOLOGY
Peck, Mordant E, MD (Ret) (H) 2993 S Milwaukee Cir Denver, 80210 DENVER MED. SOC.	756-9673	GENERAL SURGERY THORACIC SURGERY	Petersen, Gordon W, MD 3545 S Tamarac Dr, #370 Denver, 80237 DENVER MED. SOC.	694-0508 PSYCHIATRY	Philpott, Osgoode S, MD (Ret) (H) 1673 Hudson St Denver, 80220 DENVER MED. SOC.	322-3018 DERMATOLOGY
Peck, Sanford D, MD 1719 E 19th Ave Denver, 80218 (H) 2667 S Linden Ct Denver, 80222 DENVER MED. SOC.	839-6800 753-6070	PATHOLOGY HEMATOLOGY	Peterson, Edwin W, MD 1633 Fillmore St, #204 Denver, 80206 (H) 449 S Poplar Way Denver, 80224 DENVER MED. SOC.	399-0313 388-6832 INTERNAL MEDICINE	Philpott, Osgoode S Jr, MD 1919 S University Blvd Denver, 80210 (H) 4675 S Lafayette St Englewood, 80110 DENVER MED. SOC.	744-2701 781-4339 DERMATOLOGY
Penix, Lex L, MD (Ret) 1195 S York St Denver, 80210 DENVER MED. SOC.	733-5625	GENERAL SURGERY	Peterson, Norman E, MD Dept Of Surgery Denver Gen Hosp Denver, 80204 (H) 13064 E Amherst Ave Aurora, 80014 DENVER MED. SOC.	893-7045 750-5633 UROLOGICAL SURGERY	Piccone, Anthony D, MD 4200 E 9th Ave Dept of Anes Denver, 80262 (H) 2525 S Adams St Denver, 80210 DENVER MED. SOC.	ANESTHESIOLOGY
Pensack, Robert J, MD 1369 Madison Ave Denver, 80206 (H) 1369 Madison Ave Denver, 80206 DENVER MED. SOC.	322-6562	PSYCHIATRY	Peterson, W Peter, MD 950 E Harvard Ave, #200 Denver, 80210 (H) 2988 S Dallas Way Denver, 80210 ARAPAHOE MED. SOC.	777-8766 INTERNAL MEDICINE PULMONARY DISEASES	Ping, Donald W, MD 5817 W 38th Ave Denver, 80212 (H) 90 S Ivy St Denver, 80224 DENVER MED. SOC.	421-4434 FAMILY PRACTICE

Pirch, Howard R, MD 4200 W Conejos Pl, #234 Denver, 80204 CLEAR CREEK VALLEY MED. SOC.	592-7284		
		PATHOLOGY	
Pizzo, Christopher J, MD 4200 W Conejos Pl, #234 Denver, 80204 DENVER MED. SOC.	629-3631		
		PATHOLOGY ANATOMIC PATHOLOGY CLINICAL PATHOLOGY	
Platt, Frederic W, MD 1901 E 20th Ave Denver, 80205 (H) 396 Steele St Denver, 80206 DENVER MED. SOC.	377-2759		
	355-4791	INTERNAL MEDICINE	
Platt, Kenneth A, MD 7401 N Lowell Blvd Westminster, 80030 (H) 11435 Quivas Way Denver, 80234 CLEAR CREEK VALLEY MED. SOC.	428-7449		
	469-7600	GENERAL PRACTICE	
Plaus, William J, MD 4545 E 9th Ave, #460 Denver, 80220 (H) 351 Birch St Denver, 80220 DENVER MED. SOC.			
		GENERAL SURGERY	
Plunkett, Larry M, MD 3300 E 17th Ave Denver, 80206 (H) 8950 E Colorado Dr Denver, 80231 DENVER MED. SOC.	388-9203		
		INTERNAL MEDICINE	
Pluss, Richard G, MD 950 E Harvard Ave, #560 Denver, 80210 (H) 5781 E Nassau Pl Englewood, 80111 ARAPAHOE MED. SOC.	744-6035		
	759-4245	NEPHROLOGY	
Pluss, William T, MD 4545 E 9th Ave, #470 Denver, 80220 (H) 521 Fairfax St Denver, 80220 DENVER MED. SOC.	320-1221		
	322-8587	PULMONARY DISEASES	
Podgorski, Steven F, MD 601 E Hampden Ave, #490 Englewood, 80110 (H) 2727 S Langley Ct Denver, 80210 ARAPAHOE MED. SOC.	761-9944		
	753-6440	OPHTHALMOLOGY	
Pollard, Marven J, MD 3545 S Tamarac, #130 Denver, 80231 (H) 2322 S Troy St Aurora, 80014 ARAPAHOE MED. SOC.			
		FAMILY PRACTICE	
Pomerantz, Harold, MD 3384 S Niagara Way Denver, 80224 DIRECT CMS MEMBER	757-3918		
		RADIOLOGY	
Pomerantz, Marvin, MD 950 E Harvard Ave, #680 Denver, 80210 (H) #6 Greenridge Rd Englewood, 80111 ARAPAHOE MED. SOC.	778-6527		
		CARDIOVASCULAR SURGERY THORACIC SURGERY	
Pons, Peter T, MD 777 Bannock St Denver, 80204 (H) 240 Leyden St Denver, 80220 DENVER MED. SOC.	394-8711		
		EMERGENCY MEDICINE	
Poppert, Dale L, MD 4105 E Florida Ave Denver, 80222 (H) 4295 E Mexico Ave #706 Denver, 80210 DENVER MED. SOC.	756-3626		
	757-5974	FAMILY PRACTICE	
Porreco, Richard P, MD 1900 Washington Denver, 80203 (H) 23486 Currant Dr Golden, 80401 DENVER MED. SOC.	860-9990		
		OBSTETRICS MATERNAL & FETAL MEDICINE	
Potts, William E, MD 6900 W Alameda Ave, #505 Lakewood, 80226 (H) 5341 W Kent Pl Denver, 80235 CLEAR CREEK VALLEY MED. SOC.	936-7415		
	989-6531	PEDIATRICS	
Poulsom, Edwin D, MD 2833 E 16th Ave Denver, 80206 (H) 4565-28 E Mexico Ave Denver, 80222 DENVER MED. SOC.	388-4175		
	758-9321	CLINICAL PATHOLOGY PATHOLOGY	
Powers, Bernard J, MD 3535 S Lafayette St Englewood, 80110 (H) 2427 S Krameria Denver, 80222 ARAPAHOE MED. SOC.			
		INTERNAL MEDICINE	
Powers, Robert C, MD 601 E Hampden Ave, #220 Englewood, 80110 (H) 325 Franklin St Denver, 80218 ARAPAHOE MED. SOC.	798-6950		
	773-8363	ORTHOPEDIC SURGERY	
Pratt, Jennifer A, MD 1650 Milwaukee St, EM Dept Denver, 80206 (H) 19051 E Briarwood Dr Aurora, 80016 DIRECT CMS MEMBER	393-3600		
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Reed, Barbara R, MD 2200 E 18th Ave Denver, 80206 (H) 5430 E Oxford Englewood, 80110 DENVER MED. SOC.	322-7789	DERMATOLOGY	
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Rosenberg, Alan L, MD
4200 W Conejos Pl, #314
Denver, 80204 892-6033
(H) 3879 S Willow Way
Denver, 80237 770-5758
CLEAR CREEK VALLEY MED. SOC.
RHEUMATOLOGY

Rosenberg, Jonas S, MD
3400 S Oneida Way
Denver, 80224 758-0005
(H) 2980 E Bates Ave
Denver, 80210 757-4339
DENVER MED. SOC.
PEDIATRICS

Rosenberg, Stuart G, MD
850 E Harvard Ave, #355
Denver, 80210
(H) 6954 S Plateau Ln
Morrison, 80465
ARAPAHOE MED. SOC.
ANESTHESIOLOGY

Rosenberger, Alan B, MD
4200 W Conejos Pl
Denver, 80204 623-7263
(H) 2615 S Jay Ct
Lakewood, 80227 980-1106
CLEAR CREEK VALLEY MED. SOC.
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Ross, Michael C, MD
44 Cook St, #203
Denver, 80206 399-1503
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Roth, Henry J, MD
Healthwatch Med Ctr
770 E 51st Ave
Denver, 80216 298-0115
(H) 1263 Dahlia St
Denver, 80220 355-9266
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Rothman, David, DO
6825 E Tennessee Ave
Bldg 2 #370
Denver, 80224 399-0616
(H) 512 S Magnolia Ln
Denver, 80224 322-3297
DENVER MED. SOC.
INTERNAL MEDICINE
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Rowley, Mark C, MD
Den Clinic Tiffany Plaza
7400 E Hampden Ave
Denver, 80231 770-3200
DENVER MED. SOC.
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Rubinstein, David H, MD
4545 E 9th Ave, #640
Denver, 80220 399-8000
(H) 8423 E Easter Pl
Englewood, 80112
AURORA-ADAMS COUNTY MED. SOC.
PSYCHIATRY

Ruddy, John R, MD
3005 E 16th Ave, #430
Denver, 80206 839-6000
(H) 3773 Cherry Creek N Dr #801
Denver, 80209
DENVER MED. SOC.
INTERNAL MEDICINE

Ruderman, Jerome H, MD
4200 W Conejos, #516
Denver, 80204 571-1821
(H) 8101 E Dartmouth Ave #48
Denver, 80231 750-2557
CLEAR CREEK VALLEY MED. SOC.
OB & GYNCOLOGY

Rudolph, Merritt C, MD
950 E Harvard Ave, #650
Denver, 80210 722-4683
(H) 5959 Southmoor Ln
Englewood, 80111
ARAPAHOE MED. SOC.
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ENDOCRINOLOGY & METABOLISM
DIABETES

Rumack, Barry H, MD
645 Bannock
Denver, 80204 893-7774
(H) 4949 S Albion St
Littleton, 80121
DENVER MED. SOC.
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Russell, Asela C, MD
1550 S Potomac St, #330
Aurora, 80012
(H) 2245 Albion St
Denver, 80207
AURORA-ADAMS COUNTY MED. SOC.
OB & GYNCOLOGY

Ryan, Steven J, MD
UCHSC
Box C-259
Denver, 80262
DENVER MED. SOC.
CHILD PSYCHIATRY

Rymer, Charles A, MD
(H) 3920 E Evans Ave
Denver, 80210 756-3125
DENVER MED. SOC.
PSYCHIATRY

Saber, William L, MD
8859 Fox Dr, #200
Denver, 80221
(H) 24867 Foothills Dr N
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
HAND SURGERY
HEAD & NECK SURGERY
PLASTIC SURGERY

Sable, Aaron W, MD
UCHSC
4200 E 9th Ave
Denver, 80262
(H) 7575 E Arkansas #9-103
Denver, 80231
DENVER MED. SOC.
PHYSICAL MEDICINE & REHAB

Sadler, John E Jr, MD
7500 E Dartmouth Ave, #30
Denver, 80231 745-2683
(H) 7500 E Dartmouth Ave #30
Denver, 80231
DENVER MED. SOC.
PSYCHIATRY
CHILD PSYCHIATRY

Sadler, Theodore R Jr, MD
2005 Franklin St, #700
Denver, 80205 839-5662
(H) 1777 Larimer St #1510
Denver, 80202 298-1851
DENVER MED. SOC.
THORACIC SURGERY
CARDIOVASCULAR SURGERY

Safford, H R III, MD
2005 Franklin St, #550
Denver, 80205 837-0912
(H) 10 Lynn Rd
Englewood, 80110 761-8899
DENVER MED. SOC.
UROLOGICAL SURGERY

Salzman, Emanuel, MD
Downtown Med Ctr
1860 Larimer St
Denver, 80202 296-2273
(H) 1738 Wynkoop
Denver, 80202 333-2585
CLEAR CREEK VALLEY MED. SOC.
RADIOLOGY

Samuelson, Stephen A, MD
2005 Franklin St, #450
Denver, 80205 861-2266
DENVER MED. SOC.
NEUROLOGICAL SURGERY
NEUROLOGY

Sanders, Barbara J P, MD
5800 E Evans
Denver, 80222 756-3614
(H) 6582 S Pontiac Ct
Englewood, 80111
DENVER MED. SOC.
ALLERGY & IMMUNOLOGY

Sanders, Richard J, MD
4545 E 9th Ave, #240
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Schwappach, John R
(H) 1111 Ash St #606
Denver, 80220 399-5868
DENVER MED. SOC.

Scorza, William E, MD
1930 S Federal Blvd
Bldg C #1
Denver, 80219 934-5621
(H) 440 Balsam St
Lakewood, 80226
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY

Scott, Floyd E, MD
 2525 S Downing St
 Denver, 80210 777-4337
 (H) 1601 Cherryville Rd
 Littleton, 80121 761-1690
 ARAPAHOE MED. SOC.
 PHYSICAL MEDICINE & REHAB

Scott, Francis A, MD
4545 E 9th Ave, #020
Denver, 80220 393-1401
(H) 4600 S Vine Way
Englewood, 80110
DENVER MED. SOC.
HAND SURGERY
ORTHOPEDIC SURGERY

Scott, Sarah K, MD
612 Williams St
Denver, 80218 329-6009
DENVER MED. SOC.
EMERGENCY MEDICINE

Scott, Stephen C, MD
(H) 1064 S York St
Denver, 80209 722-2903
DENVER MED. SOC.
INTERNAL MEDICINE

Sederberg, James, MD
44 Cook St, #203
Denver, 80206 399-1503
(H) 4165 S Oneida St
Denver, 80237
DENVER MED. SOC.
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Seegers, Winnifred, MD
2465 S Downing St, #200A
Denver, 80210 698-1933
ARAPAHOE MED. SOC.
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Segall, Neil C, DO
3814 E 120th Ave
Thornton, 80233 452-2046
(H) 865 Fillmore
Denver, 80206
CLEAR CREEK VALLEY MED. SOC.
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Seigel, Robert S, MD
4231 W 16th Ave
Denver, 80204
(H) 23776 Currant Dr
Golden, 80401 526-1629
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RADIOLOGY

Self, William G Jr, MD
Eye Surg Ctr of Colo, PC
8403 Bryant St
Westminster, 80030 426-4810
(H) 245 Ivanhoe St
Denver, 80220
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

Sell, Dean J, MD
130 Pearl, #1408
Denver, 80203
(H) 130 Pearl #1408
Denver, 80203
CLEAR CREEK VALLEY MED. SOC.
ANESTHESIOLOGY

Selner, John C, MD
5800 E Evans Ave
Denver, 80222
(H) 6640 E Colorado Dr
Denver, 80224
ARAPAHOE MED. SOC.

Sethman, Harvey T
Denver,
HONORARY
COLORADO MED. SOC.

Seydel, Frederick K, MD
28577 Buffalo Pk Rd
Evergreen, 80439 670-1046
(H) 2682 S Kearney St
Denver, 80222 757-0401
MT. EVANS MED. SOC.
EMERGENCY MEDICINE
FAMILY PRACTICE
INTERNAL MEDICINE

Shander, David, MD
4545 E 9th Ave, #600
Denver, 80220 388-5909
(H) 1165 Pennsylvania St #2D
Denver, 80203
DENVER MED. SOC.
CARDIOVASCULAR DISEASES

Shaw, Thomas J, DO
850 E Harvard Ave, #355
Denver, 80210
ARAPAHOE MED. SOC.
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Sheehan, Mark W, MD
950 E Harvard Ave, #540
Denver, 80210 744-1065
(H) 72 Charlou Cir
Englewood, 80111 771-2170
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INTERNAL MEDICINE

Sheldon, Jonathan, MD
525 Jackson St, #209
Denver, 80206
(H) 250 Elm St
Denver, 80206
DIRECT CMS MEMBER

Sherbok, Bernard C, MD
3705 E Colfax Ave, #415
Denver, 80206 377-3785
(H) 2800 S University Blvd #25
Denver, 80210759-1444
DENVER MED. SOC.
ORTHOPEDIC SURGERY

Sheridan, E Paul, MD	
1776 Vine St	
Denver, 80206	388-5853
(H) 2800 S University Blvd #75	
Denver, 80210	756-1201
DENVER MED. SOC.	
	INTERNAL MEDICINE
	DIABETES

Shidler, Elmore J, MD
777 Bannock
Denver Gen Hosp
Denver, 80204
DENVER MED. SOC.

Shields, Lloyd V, MD
3400 E Bayaud Ave, #400
Denver, 80209 399-5941
(H) 4200 E Cedar Ave
Denver, 80222 321-8609
DENVER MED. SOC.
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Shipman, Karl H, MD
155 S Madison St, #210
Denver, 80209 333-5456
DENVER MED. SOC.
INTERNAL MEDICINE

Shira, James E, MD
Children's Hosp
1056 E 19th Ave
Denver, 80218 861-6132
(H) 5031 S Fulton St
Englewood, 80111 773-1640
DENVER MED. SOC.
PEDIATRICS
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IMMUNOLOGY

Shpall, Zachary I, MD
4301 Lowell Blvd
Denver, 80211 455-3661
(H) 750 S Sherman St
Denver, 80209 733-8067
DIRECT CMS MEMBER
INTERNAL MEDICINE

Shulruff, Steven M, MD
155 S Madison St, #301
Denver, 80209 321-7181
DENVER MED. SOC.
CHILD PSYCHIATRY
PSYCHIATRY

Shwayder, Aaron J, MD
2801 Columbine St
Denver, 80205 355-2118
DENVER MED. SOC.
FAMILY PRACTICE
INDUSTRIAL MEDICINE

Shwayder, Montimore C, MD (Ret)			Singleton, Glenda, MD			Smith, Daniel L, MD		
(H)	131 Fairfax St Denver, 80220 DENVER MED. SOC.	333-6486		Beth Israel Hosp 1601 Lowell Blvd Denver, 80204	825-2190		950 E Harvard, #680 Denver, 80210	861-8158
	OPHTHALMOLOGY		(H)	1535 Newport Denver, 80220 DIRECT CMS MEMBER		(H)	4245 S Forest Cir Englewood, 80110 ARAPAHOE MED. SOC.	759-5472
				INTERNAL MEDICINE			CARDIOVASCULAR SURGERY THORACIC SURGERY	
Sides, Leroy J, MD			Skeehan, Raymond A Jr, MD			Smith, Don B, MD		
	1731 Gilpin St Denver, 80218	333-1597		3005 E 16th Ave, #170 Denver, 80206	355-9115		601 E Hampden Ave, #590 Englewood, 80110	781-4485
(H)	2550 S Fairfax Pl Denver, 80222 DENVER MED. SOC.	757-0408	(H)	2009 Hudson St Denver, 80207 DENVER MED. SOC.	355-1567	(H)	5482 E Center Ave Denver, 80222 ARAPAHOE MED. SOC.	399-9916
	GASTROENTEROLOGY			OPHTHALMOLOGY			NEUROLOGY	
Siegel, Gary L, MD			Slonim, N Balfour, MD			Smith, Edwin R, MD		
	8805 W 14th Ave, #202 Lakewood, 80215	234-1067		3005 E 16th Ave, #470 Denver, 80206	399-3333		1721 E 19th, #206 Denver, 80218	860-8222
(H)	16 Ivy Ln Denver, 80220 CLEAR CREEK VALLEY MED. SOC.	321-3391		DENVER MED. SOC.		(H)	10403 E Berry Dr Englewood, 80111 DENVER MED. SOC.	
	ALLERGY			INTERNAL MEDICINE CARDIOVASCULAR DISEASES PULMONARY DISEASES			GENERAL SURGERY	
Sievers, Timothy M			Smail, W Carlyle Jr, MD			Smith, Elwin A, MD		
(H)	462 Newport St Denver, 80220 DENVER MED. SOC.	322-5492		1721 E 19th Ave, #350 Denver, 80218	839-1515		Metropolitan Paths 4200 W Conejos Pl #234 Denver, 80204	623-2976
Sigler, Cynthia J			(H)	14 Cherry Hills Dr Englewood, 80110 DENVER MED. SOC.	753-1020	(H)	3235 E Easter Pl Littleton, 80122 DENVER MED. SOC.	771-9403
	265 Holly St Denver, 80220 DENVER MED. SOC.	399-1835		CARDIOVASCULAR SURGERY THORACIC SURGERY			ANATOMIC PATHOLOGY CLINICAL PATHOLOGY	
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	281 E 88th Ave Denver, 80229			3950 Morrison Rd Denver, 80219	935-2483		4770 E Iliff, #227 Denver, 80222	759-1339
(H)	6595 S Poplar Ct Englewood, 80111 CLEAR CREEK VALLEY MED. SOC.	740-8261	(H)	2777 S Elmira #5 Denver, 80231 CLEAR CREEK VALLEY MED. SOC.		(H)	1630 Leyden St Denver, 80220 BOULDER COUNTY MED. SOC.	
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	730 Potomac St, #112 Aurora, 80011	343-3371		4200 W Conejos Pl, #324 Denver, 80204	825-1373		1633 Fillmore St, #304 Denver, 80206	388-5705
(H)	2777 S Elmira #17 Denver, 80231 AURORA-ADAMS COUNTY MED. SOC.	671-5059	(H)	3822 S Newport Way Denver, 80237 CLEAR CREEK VALLEY MED. SOC.	758-0628		DENVER MED. SOC.	
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Silvers, William S, MD			Smith, Barry R, MD			Smith, William E, MD		
	7180 E Orchard Rd, #208-A Englewood, 80111	740-0998		950 E Harvard Ave, #480 Denver, 80210	778-6880		1701 S Federal Blvd Denver, 80219	934-5835
(H)	8344 E Radcliff #394 Denver, 80237 ARAPAHOE MED. SOC.	694-6893	(H)	6395 S Jackson St Littleton, 80121 ARAPAHOE MED. SOC.		(H)	8523 W Iliff Ave Lakewood, 80227 CLEAR CREEK VALLEY MED. SOC.	989-8539
	ALLERGY & IMMUNOLOGY PULMONARY DISEASES			CARDIOVASCULAR DISEASES			OPHTHALMOLOGY	
Simon, John S, MD			Smith, Brian R			Smyth, Charley J, MD		
	4545 E 9th Ave, #460 Denver, 80220	320-2922		1210 Harrison St Denver, 80206 DENVER MED. SOC.	355-1760		2005 Franklin St, #505 Denver, 80205	839-5383
(H)	2609 S Quebec St Denver, 80231 DENVER MED. SOC.	753-1092		INTERNAL MEDICINE		(H)	210 Krameria St Denver, 80220 DENVER MED. SOC.	322-9670
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	7200 E Hampden Ave Denver, 80224 ARAPAHOE MED. SOC.	758-5356		950 E Harvard Ave, #460 Denver, 80210	744-1003		315 S Newport Way, #315 Denver, 80224 DENVER MED. SOC.	322-5731
	OPHTHALMOLOGY		(H)	2300 Juniper Ct Golden, 80401 ARAPAHOE MED. SOC.				
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4545 E 9th Ave, #370
Denver, 80220
DENVER MED. SOC.
FAMILY PRACTICE
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950 E Harvard Ave, #140
Denver, 80210
777-2679
(H) 3231 Cherryridge Rd
Englewood, 80110
ARAPAHOE MED. SOC.
ORTHOPEDIC SURGERY
LEGAL MEDICINE
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1929 Egbert, #D
Brighton, 80601
659-5800
(H) 1120 Milwaukee St
Denver, 80206
DIRECT CMS MEMBER
INTERNAL MEDICINE
- Stetler, Deborah J**
4200 E 9th Ave
PO Box A-054
Denver, 80262
(H) 485 London Ave
Lafayette, 80026
DENVER MED. SOC.
- Stewart, Robert J, MD (Ret)**
(H) 667 S Pontiac Way
Denver, 80224
DENVER MED. SOC.
GYNECOLOGY
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2005 Franklin St, #490
Denver, 80205
831-7335
(H) 3069 S Detroit Way
Denver, 80210
DENVER MED. SOC.
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700 Potomac St
Aurora, 80011
(H) 2275 S Monroe St
Denver, 80210
692-9197
AURORA-ADAMS COUNTY MED. SOC.
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Dept Radiation Therapy
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(H) 7747 S Forest Ct
Littleton, 80122
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Greenwood Village, 80111
773-8333
(H) 2194 S Dayton
Denver, 80231
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AURORA-ADAMS COUNTY MED. SOC.
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8391 Delaware St
Denver, 80221
428-6595
(H) 961 W Niver Ave
Northglenn, 80221
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS
- Strand, Melford L, MD**
1301 Pennsylvania St, #430
Denver, 80203
(H) 10927 E Crestline Cir
Englewood, 80111
DENVER MED. SOC.
ANESTHESIOLOGY
- Strickland, Darwin J, DO**
9669 N Huron St
Denver, 80221
428-7509
(H) 1070 Darwin Ct
Denver, 80221
CLEAR CREEK VALLEY MED. SOC.
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- Stuver-Webster, Edna L, MD (Ret)**
(H) 6660 W 6th Ave
Denver, 80214
232-4111
DENVER MED. SOC.
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Englewood, 80110
789-6427
(H) 545 S Harrison Ln
Denver, 80209
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4200 E 9th Ave
Denver, 80262
DENVER MED. SOC.
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1801 Williams St
Denver, 80218
322-7708
DENVER MED. SOC.
FAMILY PRACTICE
- Sullivan, Philip J, MD**
501 E Hampden Ave
Englewood, 80110
789-6911
(H) 3124 S Clayton St
Denver, 80210
692-9755
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1555 Clarkson St
Denver, 80203
DENVER MED. SOC.
OCCUPATIONAL MEDICINE
- Sulzer, Allan M, MD**
4200 W Conejos, #220
Denver, 80204
572-8881
CLEAR CREEK VALLEY MED. SOC.
CARDIOLOGY
- Sunderland, Karl F, MD**
901 W 14th Ave, #131
Denver, 80204
595-8612
(H) 1551 Ivanhoe St
Denver, 80220
322-2814
DENVER MED. SOC.
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- Sundland, Barry R, MD**
1550 S Potomac, #370
Aurora, 80012
369-1080
(H) 979 S Pennsylvania St
Denver, 80209
744-9057
AURORA-ADAMS COUNTY MED. SOC.
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- Susko, Thomas M, MD**
(H) 1200 S Oneida St #13-306
Denver, 80224
758-1573
DIRECT CMS MEMBER
- Susman, Morris H, MD**
2005 Franklin St, #550
Denver, 80205
839-5383
DENVER MED. SOC.
ORTHOPEDIC SURGERY
- Sutherland, Jerome D, MD**
3576 S Logan
Englewood, 80110
761-9190
(H) 1198 S Franklin St
Denver, 80210
733-8573
ARAPAHOE MED. SOC.
DIAGNOSTIC RADIOLOGY
NUCLEAR RADIOLOGY
- Sutherland, Jesse O Jr, MD**
2200 S Federal Blvd
Denver, 80219
934-4862
(H) 779 S Hudson St
Denver, 80222
321-1623
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
GASTROENTEROLOGY
- Sutton, James P, MD**
601 E 19th Ave
Denver, 80203
(H) 237 S Monaco
Denver, 80224
DIRECT CMS MEMBER
EMERGENCY MEDICINE
- Sutton, Paul, MD**
4930 E 8th Ave
Denver, 80220
355-7303
(H) 5115 E 6th Ave Pkwy
Denver, 80220
377-1334
DENVER MED. SOC.
OTORHINOLARYNGOLOGY
- Svinarich, J Thomas, MD**
4200 W Conejos Pl, #214
Denver, 80204
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Sydow, Sylvia, MD 715 Eudora St Denver, 80220 CLEAR CREEK VALLEY MED. SOC.					
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Szczukowski, Lorna, MD 9450 E Mississippi Ave Denver, 80231 DENVER MED. SOC.					
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Taguchi, James T, MD 1420 Ogden St Denver, 80218 (H) 5263 S Cody Littleton, 80123 DENVER MED. SOC.					
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Thomas, Herbert J III, MD 8015 W Alameda Ave, #210 Lakewood, 80226 (H) 10050 E Harvard Ave #B-617 Denver, 80231 DENVER MED. SOC.	237-2663				
ORTHOPEDIC SURGERY					
Thomason, Hubert H Jr, MD 700 Delaware St, #358 Denver, 80204 DENVER MED. SOC.					
PSYCHIATRY					
Thomason, Laura M, MD 1555 Clarkson St Denver, 80203 (H) 456 Cherry St Denver, 80220 DENVER MED. SOC.	831-7171				
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Thompson, Lee S, MD 750 Potomac St, #101 Aurora, 80011 (H) 2000 Ivy St Denver, 80207 AURORA-ADAMS COUNTY MED. SOC.	366-3714				
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Thompson, Rollin L, MD (Ret) 3600 E Alameda Ave Denver, 80209 (H) 5755 E Oxford Ave Englewood, 80111 DENVER MED. SOC.	320-1777				
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Tiu, Celsa T, MD Denver Gen Hosp 777 Bannock St Denver, 80204 DENVER MED. SOC.	893-7933				
ANESTHESIOLOGY					
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INTERNAL MEDICINE					

- Toll, Giles D, MD**
St Luke's Hosp
Path Dept
Denver, 80203 869-2247
(H) 3846 S Magnolia Way
Denver, 80237 759-2023
DENVER MED. SOC.
PATHOLOGY
- Toll, Henry W Jr, MD**
288 Clayton St, #303
Denver, 80206 377-3500
(H) 777 Vine St
Denver, 80206 333-1655
DENVER MED. SOC.
PATHOLOGY
FORENSIC PATHOLOGY
- Tolley, Russell C, MD**
UCHSC
4200 E 9th Ave Box B171
Denver, 80262
(H) 1693 S Washington
Denver, 80210
DENVER MED. SOC.
HEMATOLOGY
ONCOLOGY
- Tomlinson, Charles O, MD**
1301 Pennsylvania St, #430
Denver, 80203
AURORA-ADAMS COUNTY MED. SOC.
ANESTHESIOLOGY
- Towbin, Milton N, MD**
1751 Williams St
Denver, 80218 322-1096
(H) 106 Krameria St
Denver, 80220 322-0123
DENVER MED. SOC.
INTERNAL MEDICINE
- Tralna, Steven M, MD**
1707 E 18th Ave
Denver, 80218 321-6600
(H) 275 S Eudora St
Denver, 80222
DENVER MED. SOC.
ORTHOPEDIC SURGERY
- Tralla, Michael A, MD**
4200 W Conejos Pl, #116
Denver, 80204 425-0449
(H) 4621 S Lafayette
Cherry Hills Village, 80110
CLEAR CREEK VALLEY MED. SOC.
OTORHINOLARYNGOLOGY
HEAD & NECK SURGERY
- Trautner, Marilyn P, MD**
850 E Harvard Ave, #355
Denver, 80210 778-7910
(H) 1394 E Easter Cir
Littleton, 80122 794-4694
ARAPAHOE MED. SOC.
ANESTHESIOLOGY
- Treihaff, Marc M, MD**
1633 Fillmore St, #304
Denver, 80206 388-5705
DENVER MED. SOC.
NEUROLOGY
- Truitt, Leigh, MD**
950 E Harvard Ave, #660
Denver, 80210 744-1821
(H) 3188 S Dallas Ct
Denver, 80210 758-6104
ARAPAHOE MED. SOC.
INTERNAL MEDICINE
PULMONARY DISEASES
- Tubergen, David G, MD**
1056 E 19th Ave
Denver, 80218 861-6654
(H) 3942 S Olive
Denver, 80237
DENVER MED. SOC.
PEDIATRICS
ONCOLOGY
HEMATOLOGY
- Tucker, Warren W, MD (Ret)**
(H) 110 Elm St
Denver, 80220 322-6464
DENVER MED. SOC.
OB & GYNECOLOGY
- Tuerk, Kenneth, MD**
1471 Stuart
Denver, 80204 825-0288
CLEAR CREEK VALLEY MED. SOC.
NEUROLOGICAL SURGERY
- Tuft, Charles M, MD**
601 E 19th, Emer Rm
Denver, 80203 869-2111
(H) 28450 Moss Rock Rd Rt 3
Golden, 80401
DIRECT CMS MEMBER
EMERGENCY MEDICINE
- Tuft, Harold S, MD**
Gates Med & Dental Ctr
1000 S Broadway
Denver, 80217
(H) 6930 E Girard Ave #303
Denver, 80224 753-0933
DENVER MED. SOC.
ALLERGY
- Twombly, George C Jr, MD**
2121 S Oneida St
Denver, 80224 758-5539
(H) 6839 S Jasmine Ct
Englewood, 80112 771-2582
DENVER MED. SOC.
PHYSICAL MEDICINE & REHAB
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3865 Cherry Creek N Dr, #200
Denver, 80209
(H) 5035 E Severn Pl
Denver, 80220
DENVER MED. SOC.
INTERNAL MEDICINE
- Tyrrell, Pamela F**
(H) 799 Dahlia St #307
Denver, 80220 355-1098
DENVER MED. SOC.
- Ugale, Janice J, MD**
1555 Clarkson St
Denver, 80203 831-7171
(H) 8789 E Otero Cir
Englewood, 80112
DENVER MED. SOC.
DIAGNOSTIC RADIOLOGY
- Urwiller, Richard D, MD**
1721 E 19th Ave, #510
Denver, 80218 861-8444
(H) 8060 E Girard
Denver, 80231 696-7979
DIRECT CMS MEMBER
UROLOGICAL SURGERY
- Valentine, John D, MD**
1633 Fillmore, #202
Denver, 80206 377-6825
(H) 1740 Grape St
Denver, 80220
DENVER MED. SOC.
ANESTHESIOLOGY
- VandePolder, Jean A, MD**
350 S Garfield St
Denver, 80209 399-8743
(H) 2222 S Alton Way
Denver, 80231
DENVER MED. SOC.
CHILD PSYCHIATRY
PSYCHIATRY
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601 E Hampden Ave
Englewood, 80110 761-2002
(H) 3240 S Monroe
Denver, 80210 758-5246
ARAPAHOE MED. SOC.
NEUROLOGICAL SURGERY
- VanPelt, David C**
1280 Albion St, #3
Denver, 80220
(H) 2595 S Garfield St
Denver, 80210
DENVER MED. SOC.
- Vargas, Peter A, MD**
1633 Fillmore St, #414
Denver, 80206 399-3298
(H) 840 Vine St
Denver, 80206 321-4143
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OB & GYNECOLOGY
- Varner, Lawrence N, DO**
3535 S Lafayette
Englewood, 80110 762-0588
(H) 1470 S Quebec Way
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Denver, 80231
AURORA-ADAMS COUNTY MED. SOC.
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4545 E 9th Ave, #670
Denver, 80220
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INTERNAL MEDICINE

DENVER

Vernon, Thomas M Jr, MD			vonGunten, Charles F			Waldbaum, Arthur S, MD		
4210 E 11th Ave			4200 E 9th Ave			1860 Larimer St, #280		
Denver, 80220	331-4600		Box B-128			Denver, 80202	298-0222	
(H) 99 Kearney			Denver, 80262			(H) 45 S Grape St		
Denver, 80220	394-4690		(H) PO Box 282			Denver, 80222	377-4726	
DENVER MED. SOC.			Empire, 80438			DENVER MED. SOC.		OB & GYNECOLOGY
	PUBLIC HEALTH		DENVER MED. SOC.					
Verploeg, Ralph H, MD			VonRueden, Robert K, MD			Waldmann, Robert P, MD		
1801 E 19th Ave, #208			1955 Pennsylvania St			1000 S Broadway		
Denver, 80218	839-7615		Denver, 80203	839-5091		Denver, 80217	777-1315	
DENVER MED. SOC.			(H) 6371 S Zenobia Ct			DENVER MED. SOC.		OTORHINOLARYNGOLOGY
	PEDIATRICS		Littleton, 80123					
Vest, Walter E Jr, MD (Ret)			Voss, Mark A			Walker, Dennis E, MD		
(H) 400 Circle Dr			425 Garfield St		INTERNAL MEDICINE	830 Potomac Cir, #250		
Denver, 80206	322-3797		Denver, 80206			Aurora, 80011	360-6667	
DENVER MED. SOC.			DENVER MED. SOC.			(H) 444 S Niagara St		
	INTERNAL MEDICINE					Denver, 80224		
	GERIATRICS					DIRECT CMS MEMBER		FAMILY PRACTICE
Vickery, Katherine, MD			Vu, Thuan Q, MD			Walker, E Lance, MD		
(H) 965 Garfield St			(H) 10150 E Virginia Ave #4-304			4200 W Conejos Pl		
Denver, 80206	329-9723		Denver, 80231	340-3779		Denver, 80204	572-1953	
DIRECT CMS MEMBER			DIRECT CMS MEMBER		GENERAL SURGERY	(H) 5858 Highline Cir S		
	DIAGNOSTIC RADIOLOGY					Littleton, 80121	773-3669	
	GENERAL SURGERY					DENVER MED. SOC.		CARDIOVASCULAR SURGERY
Vigoda, Philip S, MD			Wade, Michael G			Walker, Louise D Converse, MD		
3005 E 16th Ave, #340			4200 E 9th Ave			4545 E 9th Ave, #220		
Denver, 80206	320-5771		PO Box A-054			Denver, 80220	388-4126	
(H) 29 Cherry Ln Dr			Denver, 80262			(H) 754 S Oneida Way		
Englewood, 80110	758-1500		(H) 5203 W Columbia Pl			Denver, 80224	322-0853	
DENVER MED. SOC.			Denver, 80227			DENVER MED. SOC.		OB & GYNECOLOGY
	CARDIOVASCULAR DISEASES		DENVER MED. SOC.					
Vijay, Nampalli K, MD			Waggener, H U, MD			Wall, Robert E, MD		
St Luke's Hosp			2005 Franklin St, #520			4567 E 9th Ave		
Denver, 80203	869-1695		Denver, 80205	839-5669		Rose Med Ctr		
(H) 6018 S Clinton Ct			(H) 333 S Gaylord St			Denver, 80220	320-2077	
Englewood, 80111			Denver, 80209	733-3669		(H) 3675 S Jersey St		
DENVER MED. SOC.			DENVER MED. SOC.		COLON & RECTAL SURGERY	Denver, 80237		
	CARDIOVASCULAR DISEASES					DENVER MED. SOC.		OB & GYNECOLOGY
Vincent, Thomas N, MD			Waggener, William J, MD			Warmath, William T, MD		
1544 York St			2000 Boise			2005 Franklin St, #450		
Denver, 80206	399-6731		Loveland, 80537	669-4640		Denver, 80205	861-2266	
(H) 2805 Cherryridge Rd			(H) 379 Dexter St			DENVER MED. SOC.		NEUROLOGICAL SURGERY
Englewood, 80110	761-1294		Denver, 80220	322-7002				
DENVER MED. SOC.			LARIMER COUNTY MED. SOC.		INTERNAL MEDICINE			
	PATHOLOGY					Warren, George H II, MD		
Virtue, Robert W, MD (Ret)			Wagschal, Rolf, MD (Ret)			4567 E 9th Ave		
727 Birch St			(H) 1838 S Jasmine St			Dept of Path		
Denver, 80220	394-8275		Denver, 80224			Denver, 80220	320-2364	
(H) 727 Birch St			DENVER MED. SOC.			(H) 1458 S Humboldt St		
Denver, 80220	355-5358		GENERAL PRACTICE			Denver, 80210	777-4181	
DENVER MED. SOC.						DENVER MED. SOC.		PATHOLOGY
	ANESTHESIOLOGY							
Visconti, Paul B, MD			Waite, H Dennis, MD			Warren, Herrick S, MD		
1544 York St			950 Broadway			PO Box 434		
Denver, 80206	399-6731		Denver, 80203			Wheat Ridge, 80033	761-6213	
(H) 15702 E Bellwood Pl			(H) 15 Driver Ln			(H) 3121 Yates St		
Aurora, 80015			Littleton, 80123	798-2919		Denver, 80212	458-5811	
AURORA-ADAMS COUNTY MED. SOC.			DENVER MED. SOC.		PULMONARY DISEASES	DENVER MED. SOC.		GENERAL SURGERY
	PATHOLOGY				OCCUPATIONAL MEDICINE			
	ANATOMIC PATHOLOGY							
	CLINICAL PATHOLOGY							
Vogel, Harold B, MD								
Denver Gen Hosp								
Denver, 80204	893-7185							
DENVER MED. SOC.								
	NEUROLOGICAL SURGERY							

Wasem, Donald B, MD 3120 W 29th Ave Denver, 80211 (H) 1419 Stuart St Denver, 80204 DIRECT CMS MEMBER	433-2565 629-6016	GENERAL PRACTICE	Weily, Hugh, MD 950 E Harvard Ave, #540 Denver, 80210 (H) 7000 E Quincy #102 Denver, 80237 ARAPAHOE MED. SOC.	744-1065 789-3737	CARDIOVASCULAR DISEASES	Wenzel, Wayne W, MD 1719 E 19th Ave Dept Nuc Med Denver, 80218 DENVER MED. SOC.	831-6395	NUCLEAR MEDICINE
Wassill, Valerie M, MD 850 E Harvard Ave, #355 Denver, 80210 (H) 1201 Williams #148 Denver, 80218 ARAPAHOE MED. SOC.		ANESTHESIOLOGY	Weiner, Melvin H, MD 7750 S Broadway Littleton, 80122 (H) 3562 S Poplar Denver, 80237 ARAPAHOE MED. SOC.	794-1234 757-0405	PEDIATRICS PSYCHOSOMATIC MED ADOLESCENT MEDICINE	Wertz, George F, MD 1801 High St Denver, 80218 DENVER MED. SOC.	355-1649	RADIOLOGY
Watts, Thomas B, MD 730 Potomac St, #124 Aurora, 80011 (H) 45 S Clermont Denver, 80222 AURORA-ADAMS COUNTY MED. SOC.	344-5355	UROLOGICAL SURGERY	Weisbrod, Dennis M, MD 1955 Pennsylvania, #400 Denver, 80203 (H) 6129 E Princeton Cir Englewood, 80111 DENVER MED. SOC.	831-8344 756-9020	OB & GYNECOLOGY INFERTILITY	Wester, Robert J, MD 2005 Franklin St, #630 Denver, 80205 (H) 1587 Locust Denver, 80220 DENVER MED. SOC.	866-8186 355-7539	OB & GYNECOLOGY
Way, Kenneth E, MD 3005 E 16th Ave, #210 Denver, 80206 (H) 1171 Hudson St Denver, 80220 DENVER MED. SOC.	388-1605 322-9831	UROLOGICAL SURGERY	Weisiger, Ken H, MD St Anthony Central Hosp Denver, 80204 (H) 1425 S Olathe Way Aurora, 80017 DIRECT CMS MEMBER	629-3517 750-8496	PULMONARY DISEASES	Westerlund, Margaret E, MD 1905 S Perry Way Denver, 80219 (H) 1905 S Perry Way Denver, 80219 DENVER MED. SOC.	935-4745	PEDIATRICS
Wayne, Eli R, MD 1010 E 19th Ave, #501 Denver, 80218 (H) 1450 E Oxford Ln Englewood, 80110 DENVER MED. SOC.	861-0035 761-3799	PEDIATRIC SURGERY	Weiss, Peter, MD 4200 W Conejos Pl, #314 Denver, 80204 (H) 3711 S Albion St Englewood, 80110 CLEAR CREEK VALLEY MED. SOC.	892-6033 758-0887	INTERNAL MEDICINE	Wexler, Ralph M, MD 111 Havana St Aurora, 80010 (H) 1600 S Quebec Way #12 Denver, 80231 AURORA-ADAMS COUNTY MED. SOC.	363-2334 750-5363	OCCUPATIONAL MEDICINE EMERGENCY MEDICINE FAMILY PRACTICE
Weatherley-White, Roy C A, MD 1578 Humboldt St Denver, 80218 (H) 100 So Humboldt Denver, 80209 DENVER MED. SOC.	830-7200	PLASTIC SURGERY	Weiss, Stanley S, MD 1721 E 19th Ave, #528 Denver, 80218 (H) 6093 E Princeton Ave Englewood, 80111 DENVER MED. SOC.	861-2663 757-0094	PSYCHIATRY PSYCHOANALYSIS	Whalen, William R, MD 850 E Harvard Ave, #305 Denver, 80210 (H) 4857 S Albion Littleton, 80121 ARAPAHOE MED. SOC.	698-2020	OPHTHALMOLOGY
Weaver, Marlin E, MD 2045 Franklin St, #800 Denver, 80205 (H) 2800 University Blvd #190 Denver, 80210 DENVER MED. SOC.	861-3638 698-0044	OTORHINOLARYNGOLOGY	Weissler, Arnold M, MD 4567 E 9th Ave Dept of Medicine Denver, 80220 DENVER MED. SOC.		INTERNAL MEDICINE CARDIOLOGY	Wheelock, Seymour E, MD Children's Hosp Denver, 80218 (H) 370 Ash St Denver, 80220 DENVER MED. SOC.	861-8888 355-6626	PEDIATRICS
Weaver, Robert H, MD 1000 S Broadway Denver, 80217 (H) Box 1 El Rancho Golden, 80401 DENVER MED. SOC.	777-1315 526-9139	ADMINISTRATIVE MEDICINE INDUSTRIAL MEDICINE	Weissmann, Max L, MD 1930 S Federal Blvd Denver, 80219 (H) 2877 S Fenton Denver, 80227 CLEAR CREEK VALLEY MED. SOC.	934-5591 986-0440	FAMILY PRACTICE	Whistler, Carl W, MD (Ret) (H) 701 Birch St Denver, 80220 DENVER MED. SOC.	333-5609	OPHTHALMOLOGY OTORHINOLARYNGOLOGY
Weiker, Justin, MD 101 S Dahlia St Denver, 80222 (H) 101 S Dahlia St Denver, 80222 DENVER MED. SOC.	355-6797	FAMILY PRACTICE	Weltman, Delbert M, MD 630 University Bldg Denver, 80202 (H) 1339 Sheridan Blvd Lakewood, 80214 DENVER MED. SOC.	623-5416 238-6932	OPHTHALMOLOGY	Whitaker, John B, MD 4231 W 16th Ave Denver, 80204 (H) 16143 E Crestline Ave Aurora, 80015 CLEAR CREEK VALLEY MED. SOC.	693-8159	RADIOLOGY
						White, Eric A, MD 2465 S Downing St Denver, 80210 MT. EVANS MED. SOC.		DIAGNOSTIC RADIOLOGY

DENVER

White, Madeline J, MD Denver General Hospital 777 Bannock St Denver, 80204 DENVER MED. SOC.	INTERNAL MEDICINE HEMATOLOGY ONCOLOGY	Wiley, Hugh S, MD 1919 S University Blvd Denver, 80210 (H) 6218 E Princeton Ave Englewood, 80111 DENVER MED. SOC.	744-2701	Wilson, Christopher S, MD 8550 W 38th Ave Wheat Ridge, 80033 (H) 2289 S Yosemite Cir Denver, 80231 CLEAR CREEK VALLEY MED. SOC.	425-2750	ORTHOPEDIC SURGERY HAND SURGERY
White, Wallace C, MD 5150 E Yale Cir, #101 Denver, 80222 (H) 10981 E Vassar Dr Aurora, 80014 DIRECT CMS MEMBER	759-2591 PEDIATRICS	Wilkins, John P 790 Clermont St, #8 Denver, 80220 DENVER MED. SOC.		Wilson, James P, MD 1820 Gilpin, #220 Denver, 80218 (H) 18556 E Long Ave Aurora, 80016 AURORA-ADAMS COUNTY MED. SOC.	839-6535	NUCLEAR MEDICINE DIAGNOSTIC RADIOLOGY
Whitesel, John A, MD 4200 W Conejos Pl, #410 Denver, 80204 CLEAR CREEK VALLEY MED. SOC.	573-5181 UROLOGICAL SURGERY	Wilkins, Ross M, MD 1830 Williams St Denver, 80218 (H) 25601 Centennial Tr Golden, 80401 DENVER MED. SOC.		Wilson, Linda L, MD Colo Med Consultants Inc PO Box 22024 Denver, 80222 (H) 767 12th St Boulder, 80302 BOULDER COUNTY MED. SOC.	759-0400 447-1038	ANESTHESIOLOGY
Wick, Albert M, MD 850 E Harvard Ave, #355 Denver, 80210 (H) 745 Front Range Rd Littleton, 80120 ARAPAHOE MED. SOC.	778-7910 ANESTHESIOLOGY	Willett, Allan B, MD 3520 W Oxford Ave Denver, 80236 (H) 486 S Newport Way Denver, 80224 DENVER MED. SOC.	762-4331 PSYCHIATRY	Wilson, Robert E, MD 3005 E 16th Ave Denver, 80206 DENVER MED. SOC.		GENERAL SURGERY
Wick, James E, MD 750 Potomac St, #227 Aurora, 80011 (H) 316 S Newport Way Denver, 80224 AURORA-ADAMS COUNTY MED. SOC.	360-0312 PULMONARY DISEASES INTERNAL MEDICINE	Williams, Edwin T, MD 19th & Stout St #229 US Custom House Denver, 80202 (H) 215 Jersey St Denver, 80220 DENVER MED. SOC.	844-4653	Wilson, W Bruce, MD 850 E Harvard, #535 Denver, 80210 (H) 1999 Green Oaks Dr Littleton, 80121 ARAPAHOE MED. SOC.	733-5333	OPHTHALMOLOGY
Wicks, Allan B, MD 950 E Harvard Ave, #550 Denver, 80210 ARAPAHOE MED. SOC.	744-6361 PULMONARY DISEASES	Williams, John M, MD 1835 Franklin St Denver, 80218 (H) 1985 Rosemary St Denver, 80220 DIRECT CMS MEMBER	837-7111 388-3012 INTERNAL MEDICINE	Wilson, William B Jr, MD Denver Gen Hosp 777 Bannock St Denver, 80204 (H) 5490 S University Blvd Littleton, 80121 DENVER MED. SOC.	893-7656 779-3618	OB & GYNECOLOGY SEXUAL DYSFUNCTION
Wicks, Jeffrey D, MD 4231 W 16th Ave Denver, 80204 (H) 3711 Overlook Tr Evergreen, 80439 CLEAR CREEK VALLEY MED. SOC.	 RADIOLOGY	Williams, Michael J, MD 850 E Harvard Ave, #355 Denver, 80210 ARAPAHOE MED. SOC.	 ANESTHESIOLOGY	Wilson, William H, MD 2005 Franklin St, #460 Denver, 80205 (H) 1133 Oneida St Denver, 80220 DENVER MED. SOC.	832-6477	OTORHINOLARYNGOLOGY
Wiederman, Francis J, MD 601 E 19th Ave Denver, 80203 (H) 9400 E Iliff Ave #071 Denver, 80231 DIRECT CMS MEMBER	869-2111 EMERGENCY MEDICINE	Williams, Robert N, MD 2550 Youngfield St Lakewood, 80215 (H) 2810 Gaylord St Denver, 80205 CLEAR CREEK VALLEY MED. SOC.	233-8295 292-6380 FAMILY PRACTICE	Wingle, Virginia, MD 950 S Cherry, #600 Denver, 80222 (H) 241 Adams St Denver, 80206 DENVER MED. SOC.	759-0400	ANESTHESIOLOGY
Wiggs, Eugene O, MD 1825 Gilpin St Denver, 80218 (H) 955 Eudora St Denver, 80220 DENVER MED. SOC.	388-5827 OPHTHALMOLOGY	Williamson, John W, MD 1721 E 19th Ave, #250 Denver, 80218 (H) 418 S Pearl St Denver, 80209 DENVER MED. SOC.	863-7575	Winkler, James V, MD 2525 S Downing St Denver, 80210 (H) 880 College Boulder, 80302		ARAPAHOE MED. SOC. EMERGENCY MEDICINE

- Winograd, Lawrence A, MD**
1701 S Federal Blvd
Denver, 80219 934-5835
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY
LEGAL MEDICINE
- Witwer, John P, MD**
2465 S Downing St
Denver, 80210
(H) PO Box 2167
Evergreen, 80439
MT. EVANS MED. SOC.
RADIOLOGY
- Wolf, Phillip S, MD**
4545 E 9th Ave, #245
Denver, 80220 322-9017
(H) 6823 E Eastman Ave
Denver, 80224
DENVER MED. SOC.
CARDIOVASCULAR DISEASES
- Wolf, Robert J, MD**
2020 Wadsworth Blvd, #11
Lakewood, 80215 232-0321
(H) 770 S Harrison
Denver, 80209 777-1594
CLEAR CREEK VALLEY MED. SOC.
DIAGNOSTIC RADIOLOGY
- Wong, David A, MD**
2005 Franklin St, #550
Denver, 80205 839-5383
(H) 24226 W Currant Dr
Golden, 80401 526-1910
DENVER MED. SOC.
ORTHOPEDIC SURGERY
- Wood, Benjamin S Jr, MD**
4770 E Iliff Ave, #229
Denver, 80222 756-8013
(H) 3133 S Milwaukee St
Denver, 80210
ARAPAHOE MED. SOC.
PSYCHIATRY
- Wood, Lawrence Gilmore, MD**
7750 S Broadway
Littleton, 80122 794-1234
(H) 943 Olive St
Denver, 80220
ARAPAHOE MED. SOC.
INTERNAL MEDICINE
- Wood, Lawrence, LLB**
1866 Vine St
Denver, 80206 329-0757
(H) 920 Niagara
Denver, 80220
HONORARY MED. SOC.
- Woodard, Don E, MD**
601 E Hampden Ave, #550
Englewood, 80110 761-3323
(H) 6300 W Mansfield
Denver, 80235
ARAPAHOE MED. SOC.
OB & GYNECOLOGY
INFERTILITY
- Woodard, W Donald, MD**
4200 E 9th Ave, #B-198
Denver, 80262 270-8365
(H) 3621 S Pontiac Way
Denver, 80237 757-5259
DENVER MED. SOC.
GYNECOLOGY
- Woodruff, Robert, MD (Ret)**
1000 S Broadway
Denver, 80217 777-1315
(H) 3535 Belcaro Dr
Denver, 80209 722-8801
DENVER MED. SOC.
GENERAL SURGERY
- Woodward, James M Jr, MD**
1385 S Colorado Blvd
Bldg A #110
Denver, 80222 759-3361
(H) 4120 S Clermont St
Englewood, 80110 757-4620
DENVER MED. SOC.
OPHTHALMOLOGY
- Wright, Brent D**
(H) 1477 Fairfax St
Denver, 80220
DENVER MED. SOC.
- Wright, Richard A, MD**
501 28th St
Denver, 80205 297-1241
(H) 2515 Albion St
Denver, 80207
DENVER MED. SOC.
INFECTIOUS DISEASES
INTERNAL MEDICINE
ADMINISTRATIVE MEDICINE
EPIDEMIOLOGY
- Wright, Robert C, MD**
1551 Milky Way
Denver, 80221 426-4525
(H) 8135 La Place Ct
Westminster, 80030
CLEAR CREEK VALLEY MED. SOC.
DERMATOLOGY
- Yakely, M Robert, MD**
4200 W Conejos Pl, #410
Denver, 80204 573-5181
(H) 9556 E Orchard Dr
Englewood, 80111 779-4066
CLEAR CREEK VALLEY MED. SOC.
UROLOGICAL SURGERY
- Yamamoto, Francis K, MD**
4545 E 9th Ave, #120
Denver, 80220 320-2868
AURORA-ADAMS COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- Yarnell, Philip R, MD**
4200 W Conejos Pl, #109
Denver, 80204 623-5800
(H) 9638 E Powers Dr
Englewood, 80111 779-0052
DENVER MED. SOC.
NEUROLOGY
PHYSICAL MEDICINE & REHAB
- Yavorski, Sarah S, MD**
8380 Zuni, #305
Denver, 80229
(H) 704 S Hutton St #125
Aurora, 80045
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY
- Yost, Raymond V, MD**
1633 Fillmore St
Denver, 80206 377-2723
(H) 7085 S Andes
Aurora, 80016 693-0874
DENVER MED. SOC.
DIAGNOSTIC RADIOLOGY
- Young, David H, MD**
2005 Franklin St, #II-680
Denver, 80205 861-8158
(H) 4762 S Elizabeth Ct
Englewood, 80110 761-3236
DENVER MED. SOC.
THORACIC SURGERY
CARDIOVASCULAR SURGERY
- Young, John R, MD**
425 S Cherry, #410
Denver, 80222 698-1095
DENVER MED. SOC.
OB & GYNECOLOGY
- Yukl, Richard L, MD**
950 E Harvard Ave, #360
Denver, 80210 733-8232
(H) 3230 S Monroe
Denver, 80210 759-1051
ARAPAHOE MED. SOC.
GENERAL SURGERY
- Zaki, Sayed M, MD**
950 E Harvard Ave, #260
Denver, 80210 744-8526
(H) P O Box 27317
Denver, 80227
ARAPAHOE MED. SOC.
PSYCHIATRY
- Zarlengo, Charles V, MD**
1750 Humboldt St, #3
Denver, 80218 861-8818
(H) 50 Hillside Dr
Lakewood, 80215 237-1563
DIRECT CMS MEMBER
GENERAL PRACTICE
ANESTHESIOLOGY
- Zarlengo, Frank N, MD**
3356 W 46th Ave
Denver, 80211 433-4967
(H) 3356 W 46th Ave
Denver, 80211 433-4967
DENVER MED. SOC.
INTERNAL MEDICINE
- Zarlengo, Gerald V, MD**
2005 Franklin St, #630
Denver, 80205 866-8186
DENVER MED. SOC.
OB & GYNECOLOGY

DENVER - DURANGO

Zarlengo, Roland J, MD

(H) 3225 W Scott Pl
Denver, 80211
AURORA-ADAMS COUNTY MED. SOC.
OCCUPATIONAL MEDICINE
GENERAL PRACTICE

Zbyski, Joseph R, MD

2005 Franklin St, #690
Denver, 80205 831-7400

(H) 5 Greenridge Rd
Englewood, 80111 740-7578
DENVER MED. SOC.

PLASTIC SURGERY
FACIAL PLASTIC SURGERY
MAXILLOFACIAL SURGERY
HAND SURGERY
HEAD & NECK SURGERY

Zelkind, Donald R, MD

Rose Medical Ctr
4567 E 9th Ave
Denver, 80220
(H) 341 Marion St
Denver, 80206
DENVER MED. SOC.

LEGAL MEDICINE
ANESTHESIOLOGY

Ziegler, William L, MD

3535 Cherry Creek N Dr, #100
Denver, 80209 399-7367

(H) 338 Race St
Denver, 80206
DENVER MED. SOC.

PEDIATRICS

Zimmer, Alexander H, MD

6455 S Yosemite, #315
Englewood, 80111
(H) 1470 S Quebec Way #175
Denver, 80231
DENVER MED. SOC.

NEUROLOGY

Zimmerman, Marlene S

(H) 680 Dahlia St
Denver, 80220 355-5432
DENVER MED. SOC.

Ziporin, Philip, MD

1444 Stuart St
Denver, 80204 892-0547
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
PULMONARY DISEASES

Zoller, Gregory W, MD

2525 S Downing St
Denver, 80210 778-5666
(H) 9920 E Grand Av
Englewood, 80111 770-3181
ARAPAHOE MED. SOC.
EMERGENCY MEDICINE

Zuckerman, Gerald H, MD

4720 Tejon St
Denver, 80211 433-6563
(H) 5401 E Dakota #25
Denver, 80222
DENVER MED. SOC.
INTERNAL MEDICINE

Zuckerman, Hyman S, MD

4720 Tejon St
Denver, 80211 433-6563
DENVER MED. SOC.
INTERNAL MEDICINE

DILLON, CO

Flora, Mark S, MD

PO Box 738
Frisco, 80443 668-3300
(H) 235 E Rabbit Willowbrook
Dillon, 80435 468-5353
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE

Luekens, Claude A Jr, MD

8550 W 38th Ave, #106
Wheat Ridge, 80033 425-2750
(H) PO Box 2444
Dillon, 80435
CLEAR CREEK VALLEY MED. SOC.
HAND SURGERY

DOLORES, CO

Bostrom, Paul D, MD

PO Box 908
Dolores, 81323 882-7221
(H) 23866 CR L
Cortez, 81321 565-9127
MONTEZUMA COUNTY MED. SOC.
GENERAL PRACTICE
GENERAL SURGERY

Cain, Leonard W, MD

33 N Elm St
Cortez, 81321
(H) 14601 Hwy 145
Dolores, 81323
MONTEZUMA COUNTY MED. SOC.
FAMILY PRACTICE

Merritt, Edward G, MD

PO Box 907
Dolores, 81323 882-7221
(H) 15406 CR 20
Cortez, 81321 882-7328
MONTEZUMA COUNTY MED. SOC.
GENERAL PRACTICE

Paddack, Michael R, MD

1021 N Mildred Rd, #B
Cortez, 81321
(H) 11689 CR 271
Dolores, 81323
MONTEZUMA COUNTY MED. SOC.
FAMILY PRACTICE

DURANGO, CO

Bardin, Billy J, MD

170 E 12th, #9
Durango, 81301
(H) 2 Stuart Pl
Durango, 81301
LA PLATA COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY
NUCLEAR RADIOLOGY

Bishop, David W, MD

1800 E 3rd Ave, #112
Durango, 81301 247-5602
(H) 1715 Forest Ave
Durango, 81301
LA PLATA COUNTY MED. SOC.
OPHTHALMOLOGY

Boyd, John A K, MD

3803 Main Ave
Durango, 81301 247-2515
LA PLATA COUNTY MED. SOC.
FAMILY PRACTICE

Buslee, Roger M, MD

Box 1677
Durango, 81301 247-3565
(H) 181 Riverview
Durango, 81301
LA PLATA COUNTY MED. SOC.
PATHOLOGY

Butler, Harrison G III, MD

1810 E 3rd Ave, #303
Durango, 81301 247-2834
(H) 63 Whispering Pines Cir
Durango, 81301 259-0577
LA PLATA COUNTY MED. SOC.
VASCULAR SURGERY
GENERAL SURGERY

Callaway, Sam E, MD

3803 Main Ave
Durango, 81301 247-1233
(H) 1975 CR 203
Durango, 81301
LA PLATA COUNTY MED. SOC.
GENERAL PRACTICE

Carnes, Marion M, MD

818 CR 202
Durango, 81301 247-2961
(H) 818 CR 202
Durango, 81301
LA PLATA COUNTY MED. SOC.
ANESTHESIOLOGY

Cartier, John W, MD

Mercy Hosp
375 E Park Ave
Durango, 81301 247-4311
LA PLATA COUNTY MED. SOC.
EMERGENCY MEDICINE

Castle, Everett R, MD

375 E Park Ave
Durango, 81301
(H) 2480 Calle De Maurer
Tucson, AZ, 85749
LA PLATA COUNTY MED. SOC.
EMERGENCY MEDICINE

Copeland, Lynn R, MD
1810 E 3rd, #203
Durango, 81301 385-4022
LA PLATA COUNTY MED. SOC.
GASTROENTEROLOGY

Crue, Benjamin L Jr, MD
3803 N Main, #306
Durango, 81301
(H) 580 Oakcrest
Durango, 81302
LA PLATA COUNTY MED. SOC.
NEUROLOGICAL SURGERY

Cullum, Lawrence M, MD
1810 E 3rd Ave
Durango, 81301 247-5543
(H) 70 Georgia Okeefe Tr Ln
Durango, 81301
LA PLATA COUNTY MED. SOC.
OB & GYNECOLOGY

Davidson, A Marie, MD
PO Box 2637
Durango, 81301
(H) 23 Delwood Pl
Durango, 81301
LA PLATA COUNTY MED. SOC.

Deaver, David C III, MD
1810 E 3rd Ave, #303
Durango, 81301 247-2834
(H) 16 Carol Dr
Durango, 81301 259-5143
LA PLATA COUNTY MED. SOC.
GENERAL SURGERY

Deterding, Karl T, MD
2277 W 2nd
Durango, 81301
(H) 230 Pondarosa Pk Dr
Durango, 81301
LA PLATA COUNTY MED. SOC.
FAMILY PRACTICE

Edgerton, J Craig, MD
1800 E 3rd Ave, #108
Durango, 81301 247-2920
(H) 12196 CR 240
Durango, 81301
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ALLERGY
MAXILLOFACIAL SURGERY
HEAD & NECK SURGERY

Furry, Dean L, MD
1800 E 3rd Ave, #16
Durango, 81301 247-5362
(H) PO Box 1307
Durango, 81302
LA PLATA COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Furze, James M, MD
170 E 12th, #9
Durango, 81301 259-2525
(H) 875 E 6th Ave
Durango, 81301 247-4767
LA PLATA COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Gaughan, Lawrence J, MD
3455 Main
Durango, 81301 247-1970
(H) 85 Rio Vista Cir
Durango, 81301
LA PLATA COUNTY MED. SOC.
DERMATOLOGY

Gerstenberger, Patrick D, MD
1810 E 3rd Ave, #203
Durango, 81301 385-4022
(H) 347 Timberline
Durango, 81301
LA PLATA COUNTY MED. SOC.
GASTROENTEROLOGY

Grenoble, David C, MD
1800 E 3rd Ave
PO Box 2566
Durango, 81301 259-0780
(H) 1001 E 3rd Ave
Durango, 81301
LA PLATA COUNTY MED. SOC.
INTERNAL MEDICINE

Grossman, Richard A, MD
1810 E 3rd Ave
Durango, 81301 247-5543
(H) 1620 Forest Ave
Durango, 81303
LA PLATA COUNTY MED. SOC.
OB & GYNECOLOGY
AEROSPACE MEDICINE

Halley, Tullius W, MD
1800 E 3rd Ave
PO Box 2637
Durango, 81301 247-2611
(H) 202 W 25th St
Durango, 81301 247-0319
LA PLATA COUNTY MED. SOC.
GENERAL SURGERY

Harrison, Judith A, MD
3235 N Main Ave
Durango, 81301 259-3110
(H) 115 Conejos
Durango, 81301 247-3229
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Heller, Henry M, MD
1800 E 3rd Ave, #104
Durango, 81301 247-0777
(H) 1607 Forrest
Durango, 81301
LA PLATA COUNTY MED. SOC.
INTERNAL MEDICINE
HEMATOLOGY
ONCOLOGY

Hillmer, Barry, MD
1800 E 3rd Ave, #16
Durango, 81301 247-5362
(H) 2611 Rim Dr
Durango, 81301
LA PLATA COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Jernigan, Randal F, MD
375 E Park
Durango, 81301 247-2934
(H) 260 Sortais
Durango, 81301 247-2934
LA PLATA COUNTY MED. SOC.
EMERGENCY MEDICINE
FAMILY PRACTICE

Johnson, Stephen M, MD
375 E Park Ave
Durango, 81301 259-3370
(H) 2212 Crestview
Durango, 81301 247-4311
LA PLATA COUNTY MED. SOC.
EMERGENCY MEDICINE

Johnson, Vaughn A, MD
170 E 12th, #9
Durango, 81301 259-2525
(H) 150 CR 337
Durango, 81301 247-5146
LA PLATA COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Kehmeier, Dean F, MD
375 E Park Ave
Mercy Med Ctr
Durango, 81301 247-3565
(H) 2456 W 3rd Ave
Durango, 81301 259-0044
LA PLATA COUNTY MED. SOC.
PATHOLOGY

Kiracofe, H Loudon, MD
1800 E 3rd Ave
Durango, 81301 259-0440
LA PLATA COUNTY MED. SOC.
UROLOGICAL SURGERY

Krauser, William J, MD
1800 E 3rd Ave
Durango, 81301 247-5362
(H) 910 CR 202
Durango, 81301
LA PLATA COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Lloyd, Leo W, MD
PO Box 2637
1800 E 3rd Ave
Durango, 81301 247-2611
(H) 1825 Florida Rd #207
Durango, 81301 247-8884
LA PLATA COUNTY MED. SOC.
INTERNAL MEDICINE

Luter, Patrick W, MD
1800 E 3rd Ave, #103
Durango, 81301 247-4448
(H) 185 W Park Ave
Durango, 81301 247-4582
LA PLATA COUNTY MED. SOC.
GENERAL SURGERY

Murphy, Joseph M, MD
Box 2637
Durango, 81301
(H) 124 Conejo Pl
Durango, 81301
LA PLATA COUNTY MED. SOC.
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DURANGO - EATON

Noce, Michael A, MD

3803 Main Ave
Durango, 81301 247-2515
(H) 112 Conejo Pl
Durango, 81301
LA PLATA COUNTY MED. SOC.
FAMILY PRACTICE

Pearson, Phil C, MD

375 E Park
Durango, 81301 247-4311
(H) 905 Hidden Valley Cir
Durango, 81301 259-3391
LA PLATA COUNTY MED. SOC.
EMERGENCY MEDICINE

Pirnat, Martin P, MD

Box 2637
1800 E 3rd Ave
Durango, 81301 247-2611
(H) 2908 Cedar Ave
Durango, 81301 247-5349
LA PLATA COUNTY MED. SOC.
FAMILY PRACTICE

Pratt, Thomas C, MD

PO Box 3087
Durango, 81302 259-6233
(H) 1348 Oak Dr
Durango, 81301 259-6233
LA PLATA COUNTY MED. SOC.
ANESTHESIOLOGY

Rappe, Donald L, MD

PO Box 2637
1800 E 3rd
Durango, 81301 247-2611
(H) 96 Rio Vista Cir
Durango, 81301
LA PLATA COUNTY MED. SOC.
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Robichaux, Val, MD

1311 N Mildred Rd
Cortez, 81321 565-3743
(H) 2158 CR 510
Durango, 81301 259-3449
MONTEZUMA COUNTY MED. SOC.
PATHOLOGY

Ruggera, Gary C, MD

PO Box 2078
Durango, 81302 247-8647
(H) 8493 Falls Creek Ranch
Durango, 81301
LA PLATA COUNTY MED. SOC.
ANESTHESIOLOGY
EMERGENCY MEDICINE

Schultz, Randall R, MD

Mercy Med Arts #302
1810 E 3rd Ave
Durango, 81301 259-2015
LA PLATA COUNTY MED. SOC.
GENERAL SURGERY

Scott, Gary A, MD

1800 E 3rd Ave, #E
Durango, 81301 247-5362
(H) 246 Fir Dr DW II
Durango, 81301
LA PLATA COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Smith, Loys A, MD

1810 E 3rd Ave
Durango, 81301 247-0647
LA PLATA COUNTY MED. SOC.
NEUROLOGY

Swanson, Robert L, MD

PO Box 847
Durango, 81302 247-2535
(H) PO Box 847
Durango, 81302
LA PLATA COUNTY MED. SOC.
ANESTHESIOLOGY

Walters, Mark R, MD

170 E 12th, #9
Durango, 81301
(H) 232 Cedar DW2
Durango, 81301
LA PLATA COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Whitehurst, Fred O, DO

1800 E 3rd Ave, #112
Durango, 81301 259-3259
(H) 9907 CR 250
Durango, 81301 247-8140
LA PLATA COUNTY MED. SOC.
OPHTHALMOLOGY

Whitelock, Paul R, MD

3808 N Main Ave
Durango, 81301 259-3444
(H) 78 Groves Dr
Durango, 81301
LA PLATA COUNTY MED. SOC.
PSYCHIATRY

Wigton, Chester M, MD

3649 Main Ave
Durango, 81301 247-2214
(H) 151 Riverview Dr
Durango, 81301 247-1704
LA PLATA COUNTY MED. SOC.
FAMILY PRACTICE

Winder, Denis J, MD

1810 E 3rd Ave, #104
Durango, 81301 259-3818
(H) 1810 E 3rd Ave #104
Durango, 81301 259-3818
LA PLATA COUNTY MED. SOC.
GENERAL SURGERY
PLASTIC SURGERY

Wolfe, Daniel K, MD

(H) 2709 Delwood Ave
Durango, 81301
CURECANTI MED. SOC.
OB & GYNCOLOGY

EADS, CO

Hadley, John C, DO

PO Box 7
Eads, 81036
(H) PO Box 245
Eads, 81036
SOUTHEASTERN COLORADO MED. SOC.
GENERAL PRACTICE

EAGLE, CO

Lumnitz, Janice S, MD

PO Box 1510
Eagle, 81631 328-4325
(H) PO Box 1462
Eagle, 81631
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE

EAGLE-VAIL, CO

Bevan, William A Jr, MD

Vail Valley Med Ctr
181 W Meadow Dr #100
Vail, 81657 476-2451
(H) 0025 Cottonwood Dr
Eagle-Vail, 81657 949-0793
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE
EMERGENCY MEDICINE

Chow, Franklin S, MD

181 W Meadow Dr
Vail, 81657 476-4674
(H) 746 Deer Blvd
PO Box 3257
Eagle-Vail, 81657 949-1983
INTERMOUNTAIN MED. SOC.
OB & GYNCOLOGY

Feeney, Jonathan C, MD

181 W Meadow Dr, #200
Vail, 81657 476-5695
(H) 0144 Stone Creek
Eagle-Vail, 81657
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE

EATON, CO

Bagley, David L, MD

PO Box 67
Eaton, 80615 454-2296
(H) 2023 26th Ave
Greeley, 80631 330-6777
WELD COUNTY MED. SOC.
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Bates, David E, MD (Ret)

(H) 610 Cheyenne Rt 2
 Eaton, 80615 454-2524
 WELD COUNTY MED. SOC.
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Dallow, Kurt T, MD

228 7th St
 Eaton, 80615
 WELD COUNTY MED. SOC.
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EDGEWATER, CO**Parry, Thomas M, MD**

5440 W 25th Ave
 Edgewater, 80214 233-3527
 (H) 3060 Teller St
 Lakewood, 80215
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EDWARDS, CO**Brooks, Laurence W, MD**

181 W Meadow Dr
 Vail, 81657 476-8065
 (H) PO Box 1050
 Edwards, 81632
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ELIZABETH, CO**Spillmann, Scott J, MD**

Coors Med Ctr
 311 10th St
 Golden, 80401
 (H) 1974 Appaloosa Tr
 Elizabeth, 80107 646-3174
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 OCCUPATIONAL MEDICINE

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 (H) PO Box 282
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(H) 6000 E Belleview
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AURORA-ADAMS COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY >
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Alanis, Joseph M, MD
3750 S Corona St
Englewood, 80110 759-0400
(H) 3750 S Corona St
Englewood, 80110 761-5244
AURORA-ADAMS COUNTY MED. SOC.
ANESTHESIOLOGY

Altshuler, John H, MD
6116 E Warren St
Denver, 80222 753-0615
(H) 5700 Dunbarton Dr
Englewood, 80110 771-6687
ARAPAHOE MED. SOC.
HEMATOLOGY
CLINICAL PATHOLOGY

Anderl, Vernon K, MD (Ret)
(H) 7133 S Poplar St
Englewood, 80112 741-6455
DENVER MED. SOC.
GYNECOLOGY

Angello, Anthony L, MD
1955 Pennsylvania St, #400
Denver, 80203 831-8344
(H) 5421 S Dayton Ct
Englewood, 80111
DENVER MED. SOC.
OB & GYNECOLOGY

Arenberg, I Kaufman, MD
2480 S Downing St, #200
Denver, 80210 698-0533
(H) 5860 Goldsmith Pl
Englewood, 80111
ARAPAHOE MED. SOC.
OTORHINOLARYNGOLOGY

Arganese, Thomas J, MD
1700 Marion
Denver, 80218 839-5113
(H) 9856 Crestline Cir
Englewood, 80111
DENVER MED. SOC.
PLASTIC SURGERY

Arnold, Jennifer, MD
7180 E Orchard Rd
Englewood, 80111
(H) 6211 S Krameria St
Englewood, 80111
ARAPAHOE MED. SOC.
FAMILY PRACTICE

Asarch, Richard G, MD
601 E Hampden Ave, #440
Englewood, 80110 761-7797
(H) 1000 E Tufts Ave
Englewood, 80110
ARAPAHOE MED. SOC.
DERMATOLOGY
MOHS CHEMOSURGERY

Asher, Wilmer L, MD
3195 S Broadway
Englewood, 80110 781-5257
(H) 6432 W Fremont Dr
Littleton, 80123
ARAPAHOE MED. SOC.
GENERAL PRACTICE

Atkinson, Kenneth, MD
8210 S Holly, #214
Littleton, 80122 770-4471
(H) 6442 E Jamison Cir S
Englewood, 80112 741-5854
ARAPAHOE MED. SOC.
FAMILY PRACTICE

Atkinson, Roy J, MD
3576 S Logan St
Englewood, 80110
ARAPAHOE MED. SOC.
DIAGNOSTIC RADIOLOGY

Austin, Robert C Jr, MD
191 E Orchard Rd
Littleton, 80121 795-5034
(H) 14 Village Rd
Englewood, 80110
ARAPAHOE MED. SOC.
GYNECOLOGY

Avner, Sanford E, MD
3535 Cherry Creek N Dr
Denver, 80209 321-0110
(H) 13 Red Fox Ln
Greenwood Village
Englewood, 80111 779-1522
AURORA-ADAMS COUNTY MED. SOC.
ALLERGY
PEDIATRIC ALLERGY
ALLERGY & IMMUNOLOGY

Baer, Sylvan B, MD
4545 E 9th Ave, #460
Denver, 80220 320-2922
(H) 3770 S Albion St
Englewood, 80110
DENVER MED. SOC.
GENERAL SURGERY

Bailey, William C, MD
1010 E 19th Ave, #405
Denver, 80218 861-4871
(H) 9474 E Orchard Dr
Englewood, 80111 770-1245
DENVER MED. SOC.
PEDIATRIC SURGERY

Baker, Bruce B, MD
601 E Hampden Ave, #310
Englewood, 80110 788-6955
ARAPAHOE MED. SOC.
PLASTIC SURGERY

Baker, Pete H, MD
Swedish Medical Plaza
601 E Hampden #260
Englewood, 80110 788-8888
(H) 5664 S Fulton Way
Englewood, 80111 779-9491
ARAPAHOE MED. SOC.
GASTROENTEROLOGY
INTERNAL MEDICINE

Ballonoff, Larry B, MD
11245 Huron St
Denver, 80234 457-6606
(H) 3 Winwood Dr
Englewood, 80110
DENVER MED. SOC.
ENDOCRINOLOGY & METABOLISM
DIABETES

Barter, Jeffrey, MD
8340 S Sangre De Cristo
Littleton, 80127 979-1234
(H) 8040 S Oneida Ct
Englewood, 80112
ARAPAHOE MED. SOC.
PEDIATRICS

Bays, Claud A, MD
1000 S Broadway
Gates Med/Dent Ctr
Denver, 80217 361-6116
(H) 10624 E Powers Dr
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
INTERNAL MEDICINE

Behrns, Robert S, MD
601 E Hampden Ave, #400
Englewood, 80110 788-6066
(H) 5855 El Camino Dr
Englewood, 80111 771-6955
ARAPAHOE MED. SOC.
PSYCHIATRY

Bell, John D, MD
240 Milwaukee St
Denver, 80206 388-9335
(H) 14 Mockingbird Ln
Englewood, 80110
DENVER MED. SOC.
OB & GYNECOLOGY

Berg, Robert N, MD
St Luke's Hosp
601 E 19th Ave
Denver, 80203 839-1000
(H) 6400 E Ida Ave
Englewood, 80110
DENVER MED. SOC.
INTERNAL MEDICINE
PULMONARY DISEASES
CRITICAL CARE MEDICINE

Berger, Elwin, MD
1555 Clarkson St
Denver, 80203 831-7171
(H) 9820 E Powers Ave
Englewood, 80111
DENVER MED. SOC.
OB & GYNECOLOGY

Bess, Howard H Jr, MD
950 E Harvard Ave, #230
Denver, 80210 778-6868
(H) 3650 S Albion St
Englewood, 80110 756-6522
ARAPAHOE MED. SOC.
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Bess, Robert J, MD 601 E Hampden Englewood, 80110 (H) 5775 S Big Canon Dr Englewood, 80111 ARAPAHOE MED. SOC.	788-6950	ORTHOPEDIC SURGERY
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Bowling, F Lee, MD 1001 E Oxford Ln Englewood, 80110 (H) 1001 E Oxford Ln Englewood, 80110 DENVER MED. SOC.	789-3003 789-3003	AEROSPACE MEDICINE PUBLIC HEALTH ADMINISTRATIVE MEDICINE INDUSTRIAL MEDICINE
Bradley, Robert A, MD (Ret) (H) 6525 E Ida Ave Englewood, 80111 DENVER MED. SOC.	850-7043	OB & GYNECOLOGY
Bramley, Howard F, MD (H) 7188 S Poplar Ln Englewood, 80112 DENVER MED. SOC.		GENERAL SURGERY
Branan, Richard C, MD 601 E Hampden Ave, #340 Englewood, 80110 ARAPAHOE MED. SOC.	788-4000	NEUROLOGICAL SURGERY
Bremers, Harold H, MD 1756 Vine St Denver, 80206 (H) 2292 E Dartmouth Ave Englewood, 80110 DENVER MED. SOC.	322-1859	DERMATOLOGY
Bremers, Jean M, MD Children's Hosp Denver, 80218 (H) 2292 E Dartmouth Ave Englewood, 80110 DENVER MED. SOC.	861-6634 781-2717	PEDIATRICS
Brenneman, Janice K, MD 3576 S Logan St Englewood, 80110 (H) 145 Gaylord St Denver, 80206 ARAPAHOE MED. SOC.		RADIOLOGY
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Brookens, Bruce R, MD 850 E Harvard Ave, #355 Denver, 80210 (H) 4090 S Clarkson Englewood, 80110 ARAPAHOE MED. SOC.	778-7910 761-8815	ANESTHESIOLOGY
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Bub, Joan B, MD 2465 S Downing St Denver, 80210 (H) 6146 S Geneva Ct Englewood, 80111 DENVER MED. SOC.	777-7584	DIAGNOSTIC RADIOLOGY
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Butterfield, Duane E, DO 3735 S Broadway Englewood, 80110 (H) 4550 S Jason Englewood, 80110 ARAPAHOE MED. SOC.	781-4101 781-8824	GENERAL PRACTICE
Campbell, Frank C, MD 684 Downing St Denver, 80218 (H) 3455 S Corona #516 Englewood, 80110 DENVER MED. SOC.		INTERNAL MEDICINE
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Cate, James R, MD 601 E Hampden Ave, #500 Englewood, 80110 (H) 5308 S Franklin Cir Littleton, 80121 ARAPAHOE MED. SOC.	788-6861	OTORHINOLARYNGOLOGY

Cedars, Chester M, MD 1930 S Federal Blvd Denver, 80219 934-5729 (H) 5923 S Krameria Englewood, 80111 CLEAR CREEK VALLEY MED. SOC. FAMILY PRACTICE	Clifford, John H, MD 1544 York St Denver, 80206 399-6731 (H) 9590 E Orchard Dr Englewood, 80111 DENVER MED. SOC. ANATOMIC PATHOLOGY CLINICAL PATHOLOGY	Dean, Val C, MD 7180 E Orchard Rd, #202 Englewood, 80111 694-7377 (H) 7290 E Geddes Pl Englewood, 80112 ARAPAHOE MED. SOC. FAMILY PRACTICE
Cedars, Leonard A, MD 6169 S Balsam Wy, #350 Littleton, 80123 933-8222 (H) 6056 S Jamaica Way Englewood, 80111 ARAPAHOE MED. SOC. OB & GYNECOLOGY GYNECOLOGY INFERTILITY	Cochrane, David R, MD 155 S Madison, #210 Denver, 80209 333-5456 (H) 5622 S Florence St Englewood, 80111 793-0470 DENVER MED. SOC. INTERNAL MEDICINE	Dishler, Jon G, MD 8400 E Prentice Ave, #1200 Englewood, 80111 (H) 6295 S Macon Way Englewood, 80111 ARAPAHOE MED. SOC. OPHTHALMOLOGY
Chalus, Dennis M, MD 1633 Fillmore St, #2 Denver, 80206 388-4124 (H) 7177 S Magnolia Cir Englewood, 80112 DENVER MED. SOC. RADIOLOGY	Cohen, Harvey M, MD 1930 S Federal Blvd #1 Bldg C Denver, 80219 934-5621 (H) 5691 Southmoor Ln Englewood, 80111 CLEAR CREEK VALLEY MED. SOC. OB & GYNECOLOGY	Dragul, Paul H, MD 950 E Harvard Ave, #500 Denver, 80210 744-1961 (H) 10 Cherry Lane Dr Englewood, 80110 ARAPAHOE MED. SOC. OTOLOGY FACIAL PLASTIC SURGERY ALLERGY LARYNGOLOGY RHINOLOGY
Childs, Samuel B, MD (Ret) (H) 4000 S Gilpin St Englewood, 80110 DENVER MED. SOC. GENERAL SURGERY	Conner, Donald J, MD 3555 S Clarkson, C-1E Englewood, 80110 781-0232 ARAPAHOE MED. SOC. GENERAL SURGERY	Dreisbach, James N, MD 3576 S Logan St Englewood, 80110 761-9190 (H) 1328 E Layton Ave Englewood, 80110 ARAPAHOE MED. SOC. DIAGNOSTIC RADIOLOGY
Chinburg, Ken G, MD 3601 S Clarkson St, #540 Englewood, 80110 761-3520 (H) 7420 S Lafayette Cir W Littleton, 80122 ARAPAHOE MED. SOC. PSYCHIATRY	Cowen, D Eugene, MD 3510 S Marion Englewood, 80110 761-2813 (H) 1501 E Quincy Englewood, 80110 781-5333 ARAPAHOE MED. SOC. ALLERGY	Duerksen, Edward C, MD 3555 S Sherman St Englewood, 80110 781-5205 (H) 6075 W Jefferson Ave Denver, 80235 980-0020 ARAPAHOE MED. SOC. OB & GYNECOLOGY
Christiansen, Elinor T, MD (Ret) (H) 4081 S Holly St Englewood, 80111 756-4159 DENVER MED. SOC. GENERAL PRACTICE	Cox, H David Jr, MD 1721 E 19th Ave, #510 Denver, 80218 861-8444 (H) 5610 S Hillside St Englewood, 80111 DIRECT CMS MEMBER UNSPECIFIED	Edwards, John A, MD 550 15th St, #650 Denver, 80202 571-7166 (H) 2771 S Emerson St Englewood, 80110 781-6965 DENVER MED. SOC. INTERNAL MEDICINE
Cilo, Mark P, MD 3425 S Clarkson St Englewood, 80110 789-8220 ARAPAHOE MED. SOC. PHYSICAL MEDICINE & REHAB NEUROLOGY	Creer, Stephen M, MD 501 E Hampden Ave Englewood, 80110 (H) 7270 W Stetson Pl Littleton, 80123 ARAPAHOE MED. SOC. EMERGENCY MEDICINE	Eframo, Frederick W, DO 897 S Havana St Aurora, 80012 364-7287 (H) 6555 E Prentice Englewood, 80111 850-9408 AURORA-ADAMS COUNTY MED. SOC. INTERNAL MEDICINE CARDIOLOGY
Clark, David G, MD 601 E Hampden Ave, #415 Englewood, 80110 778-1886 (H) 15 Mockingbird Ln Englewood, 80110 781-0521 ARAPAHOE MED. SOC. GENERAL SURGERY	Daniel, William E, MD 1719 E 19th Ave Denver, 80218 839-6530 (H) 6344 E Stanford Ave Englewood, 80111 694-9387 DENVER MED. SOC. THERAPEUTIC RADIOLOGY	Ehlers, Gordon H, MD 1919 S University Blvd Denver, 80210 744-2701 (H) 5460 S Krameria St Englewood, 80111 740-7872 ARAPAHOE MED. SOC. FAMILY PRACTICE GENERAL PRACTICE
Clarke, J Philip, MD UCHSC B-180 4200 E 9th Ave Denver, 80262 (H) 3921 S Bellaire St Englewood, 80110 759-3229 DENVER MED. SOC. INTERNAL MEDICINE	Darling, Bradford L, DO 601 E Hampden Ave, #170 Englewood, 80110 788-6547 (H) 4950 S Albion St Littleton, 80121 ARAPAHOE MED. SOC. FAMILY PRACTICE GENERAL PRACTICE	

ENGLEWOOD

Eisele, C Wesley, MD PO Box 400 Englewood, 80151 (H) 3455 S Corona St #815 Englewood, 80110 ARAPAHOE MED. SOC.	761-7709	MEDICAL EDUCATION INTERNAL MEDICINE	Falliers, Constantine J, MD 155 Cook St Denver, 80206 (H) 4256 S Forest Cir Englewood, 80110 DENVER MED. SOC.	321-3434 753-1244 ALLERGY	Frost, Anthony, MD 601 E Hampden Ave, #290 Englewood, 80110 (H) 5171 S Ironton Way Englewood, 80111 ARAPAHOE MED. SOC.	788-6657 OB & GYNECOLOGY
Eiseman, Ben, MD 4200 E 9th Ave Box C-308 Denver, 80262 (H) 3 Village Rd Englewood, 80110 DENVER MED. SOC.	394-7209	GENERAL SURGERY	Farinholt, Jon W, MD 830 Potomac Cir, #370 Aurora, 80011 (H) 15 Viking Dr Englewood, 80110 DENVER MED. SOC.	360-5239 781-7652 OB & GYNECOLOGY	Gargan, Thomas J III, MD 4545 E 9th Ave, #15 Denver, 80220 (H) 10 Blackmer Rd Englewood, 80110 DENVER MED. SOC.	850-7678 PLASTIC SURGERY
Eisenbaum, Sidney L, MD 750 Potomac St, #201 Aurora, 80011 (H) 2 Blackmer Rd Englewood, 80110 AURORA-ADAMS COUNTY MED. SOC.	341-7766	PLASTIC SURGERY	Feiten, Daniel J, MD 8200 E Belleview Ave Central Tower #204 Englewood, 80111 (H) 1724 S Leyden St Denver, 80224 ARAPAHOE MED. SOC.	PEDIATRICS	Garrett, Raymond E, MD 601 E Hampden Ave, #420 Englewood, 80110 (H) 1295 S Downing St Denver, 80210 ARAPAHOE MED. SOC.	788-6633 733-9222 NEPHROLOGY
Ellis, James H Jr, MD 4545 E 9th Ave, #245 Denver, 80220 (H) 5810 Goldsmith Pl Englewood, 80111 DENVER MED. SOC.	320-2940 773-0307	PULMONARY DISEASES	Fink, Donald W, MD Box 300218 Denver, 80203 (H) 4266 S Elm Ct Englewood, 80110 DENVER MED. SOC.	861-2668 RADIOLOGY NUCLEAR MEDICINE	Gaynor, Laurence F, MD 3576 S Logan St Englewood, 80110 (H) 9733 E Crestline Cir Englewood, 80111 ARAPAHOE MED. SOC.	DIAGNOSTIC RADIOLOGY
Ellis, Richard E, MD 2465 S Downing St, #105 Denver, 80210 (H) 2921 S Franklin St Englewood, 80110 ARAPAHOE MED. SOC.	698-1711 781-1015	FAMILY PRACTICE	Fletcher, Gary H, MD 7180 E Orchard Rd #305 Greenwood Med Englewood, 80111 ARAPAHOE MED. SOC.	770-0425 PSYCHIATRY	Gehret, Peter, MD 750 Potomac St, #121 Aurora, 80011 (H) 9311 E Berry Ct Englewood, 80111 AURORA-ADAMS COUNTY MED. SOC.	340-4505 ORTHOPEDIC SURGERY
Emmanuel, Samuel, MD 601 E Hampden Ave Englewood, 80110 ARAPAHOE MED. SOC.	788-6614	GENERAL SURGERY	Fliegelman, Martin J, MD 1721 E 19th Ave, #366 Denver, 80218 (H) 5340 S Kenton Ct Englewood, 80111 DENVER MED. SOC.	863-0300 733-3261 PULMONARY DISEASES INTERNAL MEDICINE	Geisterfer, Dirk J, MD 6740 E Hampden Ave, #100 Denver, 80224 (H) 5362 Nassau Cir Englewood, 80110 ARAPAHOE MED. SOC.	759-2713 753-0939 PLASTIC SURGERY
English, Gerald M, MD Swedish Med Plaza 601 E Hampden Ave #390 Englewood, 80110 (H) 2649 S Tennyson Way Denver, 80219 ARAPAHOE MED. SOC.	788-6377	OTORHINOLARYNGOLOGY OTOLOGY LARYNGOLOGY RHINOLOGY HEAD & NECK SURGERY	Foley, Thomas H, MD 1801 High St, #2-G Denver, 80218 (H) 7268 E Geddes Ave Englewood, 80112 DENVER MED. SOC.	377-8849 850-9886 GYNECOLOGY	Gentry, James H, MD 950 E Harvard Ave, #320 Denver, 80210 (H) 9152 E Tufts Cir Englewood, 80111 ARAPAHOE MED. SOC.	777-7683 773-1962 OPHTHALMOLOGY
Ezzard, John A, MD 601 E Hampden Ave, #580 Englewood, 80110 (H) 15 Cherry Vale Dr Englewood, 80110 ARAPAHOE MED. SOC.	788-6880 781-0082	UROLOGICAL SURGERY	Foster, Sydney, MD (Ret) (H) 3189 S University Blvd Englewood, 80110 DENVER MED. SOC.	781-4507 GENERAL PRACTICE	Gerhold, John P, MD 1719 E 19th Ave Denver, 80218 (H) 5031 Sanford Cir W Englewood, 80110 AURORA-ADAMS COUNTY MED. SOC.	360-3181 756-0833 DIAGNOSTIC RADIOLOGY NUCLEAR MEDICINE
			Franz, Elmer M, MD (Ret) (H) 12 Parkway Dr Englewood, 80110 DENVER MED. SOC.	758-0502 ORTHOPEDIC SURGERY		

German, Charles, MD

8200 E Bellevue, #212
Englewood, 80111 694-1444
AURORA-ADAMS COUNTY MED. SOC.
PLASTIC SURGERY
HAND SURGERY
HEAD & NECK SURGERY

Gibbs, Charles P, MD

4200 E 9th Ave, B113
Denver, 80262
(H) 5830 Happy Canyon Dr
Englewood, 80111 756-7390
DENVER MED. SOC.
ANESTHESIOLOGY
OB & GYNECOLOGY

Glatz, Duane J, MD

3535 S Lafayette, #105
Englewood, 80110 761-2514
(H) 4505 S Yosemite #371
Denver, 80237
ARAPAHOE MED. SOC.
NEUROLOGY

Goldberg, Bertram, MD

601 E Hampden Ave
Englewood, 80110 788-6446
ARAPAHOE MED. SOC.
ORTHOPEDIC SURGERY

Goldstein, Joel H, MD

4999 E Kentucky Ave, #201
Denver, 80222 691-0505
(H) 23 Martin Ln
Englewood, 80110 761-6753
DENVER MED. SOC.
OPHTHALMOLOGY

Goldstein, Stephen A, MD

AMI Health Care Plaza
14200 E Arapahoe Rd
Englewood, 80112
(H) 5645 S Lewiston Ct
Aurora, 80015 699-6838
DENVER MED. SOC.
PLASTIC SURGERY

Goodman, Neal, MD

St Anthonys Hosp
4231 W 16th
Denver, 80204
(H) 4286 S Forest Ct
Englewood, 80110 758-2563
CLEAR CREEK VALLEY MED. SOC.
RADIOLOGY

Goodman, Reid A, MD

455 S Hudson St, Level 2
Denver, 80222 388-4631
(H) 6000 S Moline Way
Englewood, 80111 220-8444
DENVER MED. SOC.
OB & GYNECOLOGY
INFERTILITY

Grant, Paul J, MD

8200 E Bellevue Ave, #404
Englewood, 80111 770-7778
(H) 6210 N Hollonview Ct
Parker, 80134
ARAPAHOE MED. SOC.
DERMATOLOGY

Greisman, Stewart L, DO

Swedish Med Ctr
PO Box 2901 Dept 7226
Englewood, 80110 788-6819
(H) 3100 E Williamette Ln
Littleton, 80121
ARAPAHOE MED. SOC.
EMERGENCY MEDICINE

Griffin, Dennis J, MD

3576 S Logan St
Englewood, 80110
ARAPAHOE MED. SOC.
RADIOLOGY

Griffith, John B, MD (Ret)

(H) 7163 S Poplar St
Englewood, 80112 771-9988
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE

Grogan, John M, MD

280 Columbine St, #312
Denver, 80206 322-1891
(H) 3800 S Gilpin St
Englewood, 80110 761-3882
DENVER MED. SOC.
RADIOLOGY

Grossman, Fred, MD

4200 W Conejos Pl, #536
Denver, 80204 571-1355
(H) 5495 S Monaco
Englewood, 80111
CLEAR CREEK VALLEY MED. SOC.
UROLOGICAL SURGERY
INFERTILITY
SEXUAL DYSFUNCTION

Gruber, James E, MD

2525 S Downing St
Emer Dept
Denver, 80210 778-5666
(H) 5071 Sanford Cir W
Englewood, 80110
ARAPAHOE MED. SOC.
EMERGENCY MEDICINE

Guard, Harold L, MD

3535 S Lafayette St
Englewood, 80110 761-1455
(H) 3967 S Jasmine
Denver, 80237 758-2020
ARAPAHOE MED. SOC.
PEDIATRICS

Guerra, Frank, MD

14200 E Arapahoe Rd, #210
Englewood, 80112 322-6808
DENVER MED. SOC.
ANESTHESIOLOGY
PSYCHIATRY & NEUROLOGY

Haas, John M, MD

1455 S Potomac St, #103
Aurora, 80012 750-0824
(H) 5692 S Florence St
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
CARDIOLOGY
CARDIOVASCULAR DISEASES

Haase, Gerald M, MD

1010 E 19th Ave, #405
Denver, 80218 861-4871
(H) 9322 E Lake Ave
Englewood, 80111
DENVER MED. SOC.
PEDIATRIC SURGERY

Ham, Gordon C, MD

6901 S Yosemite St, #106
Englewood, 80112 773-3455
(H) 860 S Adams
Denver, 80209 777-7368
ARAPAHOE MED. SOC.
OB & GYNECOLOGY

Hannah, Stanley L, MD

7090 E Hampden Ave
Denver, 80224 758-0072
(H) 5 Martin Ln
Englewood, 80110
ARAPAHOE MED. SOC.
GYNECOLOGY

Hansen, Richard N, MD

7750 S Broadway
Littleton, 80122 794-1234
(H) 4080 S Cherry St
Englewood, 80110 757-1576
ARAPAHOE MED. SOC.
INTERNAL MEDICINE
GASTROENTEROLOGY

Harris, David W, MD

750 Potomac St, #L-11
Aurora, 80011 344-1162
(H) 5506 S Emporia Cir
Englewood, 80111 773-3683
AURORA-ADAMS COUNTY MED. SOC.
OB & GYNECOLOGY

Harvey, Alice, MD

(H) 3901 S Dexter
Englewood, 80110
ARAPAHOE MED. SOC.
NEPHROLOGY

Harwood, James T, MD

950 E Harvard Ave, #270
Denver, 80210 744-1371
(H) 9581 E Lake Cir
Englewood, 80111 773-8637
ARAPAHOE MED. SOC.
GENERAL SURGERY
CARDIOVASCULAR SURGERY
THORACIC SURGERY

Haun, William E, MD

1825 Gilpin St
Denver, 80218 399-1194
(H) 12 Cherry Lane Dr
Englewood, 80110 758-2540
DENVER MED. SOC.
GENERAL SURGERY

Heller, Arthur P, MD

601 E Hampden Ave
Englewood, 80110 788-6446
ARAPAHOE MED. SOC.
ORTHOPEDIC SURGERY

ENGLEWOOD

Hepner, Harold J, MD 4545 E 9th Ave, #210 Denver, 80220 (H) 4030 S Clermont St Englewood, 80110 DENVER MED. SOC.	399-6515	OB & GYNECOLOGY INFERTILITY
Hitchcock, Michael H, MD 601 E Hampden Ave, #340 Englewood, 80110 ARAPAHOE MED. SOC.	788-4000	NEUROLOGICAL SURGERY
Holt, Charles J, MD 730 Potomac St, #102 Aurora, 80011 (H) 6255 E Powers Ave Englewood, 80111 AURORA-ADAMS COUNTY MED. SOC.	343-3814	ORTHOPEDIC SURGERY
Horner, Robert L, MD 850 E Harvard, #405 Denver, 80210 (H) 9818 E Maplewood Cir Englewood, 80111 ARAPAHOE MED. SOC.	744-7078 740-9316	HAND SURGERY
Horvath, Joseph S, MD 1501 S Potomac St Aurora, 80012 (H) 29 Charlou Cr Englewood, 80111 AURORA-ADAMS COUNTY MED. SOC.	695-2609 721-7286	ANESTHESIOLOGY
Howard, K Mason Jr, MD 6061 S Willow Dr, #230 Englewood, 80111 (H) 5 Village Dr Littleton, 80123 ARAPAHOE MED. SOC.	779-0044 795-9751	ORTHOPEDIC SURGERY
Hsu, Shih Fong, MD 3425 S Clarkson St Craig Hosp-Dr Office Englewood, 80110 (H) 3230 Cherryridge Rd Englewood, 80110 ARAPAHOE MED. SOC.	789-8349	PHYSICAL MEDICINE & REHAB
Huber, James A, MD 2525 S Downing St Denver, 80210 (H) 5805 S Monaco St Englewood, 80111 ARAPAHOE MED. SOC.	778-5666	INTERNAL MEDICINE EMERGENCY MEDICINE
Hughes, Clarence O Jr, MD 7000 E Belleview, #205 Englewood, 80111 (H) 5877 E Hinsdale Pl Englewood, 80110 ARAPAHOE MED. SOC.	796-7711 773-1698	INTERNAL MEDICINE AEROSPACE MEDICINE OCCUPATIONAL MEDICINE
Hughes, John S, MD 501 E Hampden Ave Englewood, 80110 (H) 10993 Twin Cubs Littleton, 80125 ARAPAHOE MED. SOC.	(804)464-7404	OCCUPATIONAL MEDICINE
Humphreys, John A, MD 3600 E Alameda Ave Denver, 80209 (H) 5985 E Princeton Cir Englewood, 80111 DENVER MED. SOC.	320-1777 758-3267	OPHTHALMOLOGY
Hunter, Robert D, MD 5 Blackmer Rd Englewood, 80110 CLEAR CREEK VALLEY MED. SOC.	773-6359	DIAGNOSTIC RADIOLOGY
Hyde, Edwin G, MD 3501 S Corona St, #4 Englewood, 80110 (H) 1900 E Girard Pl Englewood, 80110 ARAPAHOE MED. SOC.	788-6969	ANESTHESIOLOGY
James, Brien P, MD 601 E Hampden Ave, #490 Englewood, 80110 (H) 4501 S Franklin Englewood, 80110 ARAPAHOE MED. SOC.	788-6818	OPHTHALMOLOGY
Janik, Joseph S, MD 2465 S Downing St, #203 Denver, 80210 (H) 25 Huntwick Ln Englewood, 80110 ARAPAHOE MED. SOC.	861-0035	PEDIATRIC SURGERY
Jennings, R Lee, MD 2005 Franklin St, #180 Denver, 80205 (H) 5624 S Fulton Way Englewood, 80111 DENVER MED. SOC.	861-1995 770-3577	GENERAL SURGERY
Jobe, William E, MD 8200 E Bellview, #124 Englewood, 80111 (H) 1299 Gilpin St #17 Denver, 80218 ARAPAHOE MED. SOC.	741-1501 393-7817	RADIOLOGY
Johnson, Kent E, MD 1721 E 19th Ave, #510 Denver, 80218 (H) 5786 S Fulton Way Englewood, 80111 DENVER MED. SOC.	861-8444 771-3294	UROLOGICAL SURGERY
Jones, Roy W, MD 950 E Harvard Ave, #100 Denver, 80210 (H) 3920 S Clarkson St Englewood, 80110 ARAPAHOE MED. SOC.	744-7205 758-7755	OTORHINOLARYNGOLOGY ALLERGY FACIAL PLASTIC SURGERY OTOLOGY RHINOLOGY
Kanowitz, Arthur 750 Cherokee, EM Dept Denver, 80204 (H) 8018 S Leyden St Englewood, 80112 DIRECT CMS MEMBER		EMERGENCY MEDICINE INTERNAL MEDICINE
Karasek, Dagmar, MD 850 E Harvard Ave, #355 Denver, 80210 (H) 8427 E Mineral Cir Englewood, 80112 ARAPAHOE MED. SOC.		ANESTHESIOLOGY
Katz, Seymour, MD 601 E Hampden Ave, #260 Englewood, 80110 (H) 4475 S Lafayette Englewood, 80110 ARAPAHOE MED. SOC.	788-8888 789-5268	GASTROENTEROLOGY
Kelly, Glenn L, MD 601 E Hampden Ave, #320 Englewood, 80110 (H) 17 Martin Ln Englewood, 80110 ARAPAHOE MED. SOC.	788-6606	VASCULAR SURGERY
Kelsall, Charles H, MD 3600 S Logan Englewood, 80110 (H) 11 S Lane St Englewood, 80110 ARAPAHOE MED. SOC.	789-2589 781-5557	PEDIATRICS
Kem, M Richard, MD 3005 E 16th Ave Denver, 80206 (H) 4151 S Ivy Ln Englewood, 80111 DENVER MED. SOC.	320-5955 753-0253	ORTHOPEDIC SURGERY
Kennedy, Thomas J, MD (Ret) (H) 9557 E Orchard Dr Englewood, 80111 DENVER MED. SOC.		RADIOLOGY

- Kim, Joon-Whee, MD**
11175 E Mississippi, #110
Aurora, 80012 367-5909
(H) 9150 E Radcliff Ave
Englewood, 80111 773-2356
DENVER MED. SOC.
PHYSICAL MEDICINE & REHAB
- Kirkpatrick, Douglas H, MD**
4200 W Conejos Pl, #516
Denver, 80204 571-1821
(H) 3995 S Colorado Blvd
Englewood, 80110
CLEAR CREEK VALLEY MED. SOC.
OB & GYNCOLOGY
- Kirschman, Edward, MD**
1421 S Potomac, #110
Aurora, 80012 690-4900
(H) 5974 S Florence Ct
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
OB & GYNCOLOGY
- Kirshenbaum, Gerald, MD**
1421 S Potomac St, #200
Aurora, 80012 695-1304
(H) 6082 S Emporia Cir
Englewood, 80111 771-7696
AURORA-ADAMS COUNTY MED. SOC.
GENERAL SURGERY
AMBULATORY MEDICINE
COLON & RECTAL SURGERY
THORACIC SURGERY
TUMOR SURGERY
- Klein, Melvyn H, MD**
4545 E 9th Ave, #150
Denver, 80220 320-2911
(H) 7 Random Rd
Englewood, 80110
AURORA-ADAMS COUNTY MED. SOC.
NEPHROLOGY
INTERNAL MEDICINE
- Klingensmith, William C, MD**
1835 Franklin St
Denver, 80218 837-6840
(H) 4720 E Oxford Ave
Englewood, 80110 757-4188
DENVER MED. SOC.
DIAGNOSTIC RADIOLOGY
- Kluck, Clarence J, MD**
7200 S Alton Way, #180A
Englewood, 80155 740-5387
(H) PO Box 5277
Englewood, 80155 758-0440
DENVER MED. SOC.
INTERNAL MEDICINE
OCCUPATIONAL MEDICINE
- Knize, David M, MD**
3555 S Clarkson
Englewood, 80110 761-9990
(H) 5430 E Oxford Ave
Englewood, 80110 758-4304
ARAPAHOE MED. SOC.
PLASTIC SURGERY
- Kortz, Allan B, MD**
601 E Hampden Ave, #470
Englewood, 80110 789-1877
(H) 3987 S Jasmine St
Denver, 80237
ARAPAHOE MED. SOC.
GENERAL SURGERY
THORACIC SURGERY
- Kortz, Warren J, MD**
601 E Hampden, #410
Englewood, 80110
(H) 6140 E Briarwood Cir
Englewood, 80112
ARAPAHOE MED. SOC.
GENERAL SURGERY
VASCULAR SURGERY
- Kosmicki, Patrick W, MD**
2045 Franklin St
Denver, 80205 861-3404
(H) 3975 S Cherry St
Englewood, 80110 759-4719
DENVER MED. SOC.
OTORHINOLARYNGOLOGY
- Kovarik, Joseph L, MD**
(H) 6189 E Princeton Cir
Englewood, 80111 758-1753
DENVER MED. SOC.
THORACIC SURGERY
- Kowal, Ira J, MD**
601 E Hampden Ave, #460
Englewood, 80110 788-6678
(H) 2800 Willamette Ln
Littleton, 80121
ARAPAHOE MED. SOC.
CARDIOVASCULAR DISEASES
- Kraft, Elizabeth S, MD**
7061 S University Blvd, #202
Littleton, 80122 795-7752
(H) 8195 S Poplar Way
Englewood, 80112
ARAPAHOE MED. SOC.
FAMILY PRACTICE
- Kruse, Robert L, MD**
601 E Hampden Ave
Englewood, 80110 761-5325
ARAPAHOE MED. SOC.
ORTHOPEDIC SURGERY
- Lacy, George M, MD**
360 S Garfield St, #690
Denver, 80209 322-1893
(H) 5051 S Fulton
Englewood, 80111 771-5385
DENVER MED. SOC.
PLASTIC SURGERY
- Lamb, Rodney L, MD**
601 E Hampden Ave, #290
Englewood, 80110 788-6657
ARAPAHOE MED. SOC.
OB & GYNCOLOGY
- Lammertse, Daniel P, MD**
3425 S Clarkson
Denver, 80210 789-8220
Englewood, 80110
ARAPAHOE MED. SOC.
PHYSICAL MEDICINE & REHAB
- Larkin, Thomas P, MD**
2480 S Downing, #100
Denver, 80210 777-5455
(H) 29 Glenmore Dr
Englewood, 80110
ARAPAHOE MED. SOC.
OPHTHALMOLOGY
- Lasater, Gene M, MD**
2005 Franklin St, #450
Denver, 80205 861-2266
(H) 4850 Whitehall Dr
Englewood, 80111 771-6502
DENVER MED. SOC.
NEUROLOGY
- Law, Jay D, MD**
550 E Hampden Ave
Englewood, 80110 761-7664
ARAPAHOE MED. SOC.
NEUROLOGICAL SURGERY
- Law, Ronald K, MD**
4200 W Conejos Pl, #214
Denver, 80204 572-1444
(H) 3 Mountain View Rd
Englewood, 80111
CLEAR CREEK VALLEY MED. SOC.
CARDIOLOGY
- Lazarus, Jeremy A, MD**
8095 E Prentice
Denver Tech Center
Englewood, 80111 771-0353
(H) 5760 Big Canon Dr
Englewood, 80111
ARAPAHOE MED. SOC.
PSYCHIATRY
- Leder, Eric H, MD**
1325 S Colorado Blvd, #B-306
Denver, 80222 759-2985
(H) 5796 S Fulton Way
Englewood, 80111
DENVER MED. SOC.
INTERNAL MEDICINE
- Leder, Robert, MD**
1325 S Colorado Blvd, #306
Denver, 80222 759-2985
(H) 6059 S Nome St
Englewood, 80111
DENVER MED. SOC.
INTERNAL MEDICINE
- Lemon, John C, MD**
FAMC
Aurora, 80045
(H) 1301 E Layton Ave
Englewood, 80110 781-8972
DENVER MED. SOC.
RADIOLOGY
- Levenson, Ian R, DO**
14364 E Evans, #280
Aurora, 80014 671-5055
(H) 9795 E Maplewood Cir
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE

ENGLEWOOD

Levine, Mark A, MD

601 E Hampden Ave, #350
Englewood, 80110 788-6322
(H) 10879 E Vassar Dr
Aurora, 80014
ARAPAHOE MED. SOC.
INTERNAL MEDICINE
ALLERGY & IMMUNOLOGY

Lewis, Frederick A Jr, MD

8200 E Belleview
#375 E Tower
Englewood, 80111 721-9879
(H) 6158 E Princeton Cir
Englewood, 80111 758-1300
ARAPAHOE MED. SOC.
PSYCHIATRY

Lewis, Roger R, MD

(H) 5761 S Kingston Way
Englewood, 80111 779-9857
ARAPAHOE MED. SOC.
GENERAL PRACTICE

Lienert, R Eugene, MD

1719 E 19th Ave
Denver, 80218 839-6530
(H) 6144 S Geneva Ct
Englewood, 80111 770-6026
DENVER MED. SOC.
THERAPEUTIC RADIOLOGY

Lindenbaum, Barry L, MD

1421 S Potomac St, #130
Aurora, 80012 750-6461
(H) 4041 S Hudson Way
Englewood, 80110
AURORA-ADAMS COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Lindenbaum, Stephen D, MD

1421 S Potomac
Aurora, 80011 695-6060
(H) 5000 S Franklin
Englewood, 80112
AURORA-ADAMS COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Lingle, James R, MD

601 E Hampden Ave, #185
Englewood, 80110 788-6371
(H) 7181 S Niagara Cir
Englewood, 80112 694-3954
ARAPAHOE MED. SOC.
OB & GYNECOLOGY

Lipan, Edward M, MD

128 Steele St, #200
Denver, 80206 388-5741
(H) 3960 Nassau Cir
Englewood, 80110
DENVER MED. SOC.
GENERAL SURGERY

Ljunghag, Susan E, MD

601 E Hampden Ave, #290
Englewood, 80110
ARAPAHOE MED. SOC.
OB & GYNECOLOGY

Loeffler, Anna T, MD

Swedish Medical Plaza
601 E Hampden Ave #255
Englewood, 80110 789-2238
(H) 8 Sunset Dr
Englewood, 80110 781-3339
ARAPAHOE MED. SOC.
DERMATOLOGY

Lombardi, James C, MD

ICH Companies
7887 E Belleview Ave
Englewood, 80111 779-1111
(H) 335 Leyden St
Denver, 80220 355-5954
DENVER MED. SOC.
GYNECOLOGY

Losasso, Leonard J, MD

1421 S Potomac St, #110
Aurora, 80012 750-0883
(H) 5930 S Akron Cr
Englewood, 80111 694-3462
AURORA-ADAMS COUNTY MED. SOC.
OB & GYNECOLOGY

Lovejoy, Brent V, DO

3191 S Broadway
Englewood, 80110 762-0900
ARAPAHOE MED. SOC.
OCCUPATIONAL MEDICINE
SPORTS MEDICINE
FAMILY PRACTICE

Lowell, David H, MD

1544 York St
Denver, 80206 399-6731
(H) 5870 S Galena St
Englewood, 80111 779-1287
DENVER MED. SOC.
PATHOLOGY

Lueck, Roger A, MD

3425 S Clarkson St
Englewood, 80110 789-8000
(H) 4701 S Idalia St
Aurora, 80015
ARAPAHOE MED. SOC.
PHYSICAL MEDICINE & REHAB

Magill, Charles D, MD

3601 S Pearl St
Englewood, 80110 761-0624
(H) 25 Martin Ln
Englewood, 80110
ARAPAHOE MED. SOC.
ORTHOPEDIC SURGERY

Major, Francis J, MD

301 W 7th Ave
Denver Gen Hosp
Denver, 80204 893-7658
(H) 4900 S Clarkson St
Englewood, 80110 789-0417
DENVER MED. SOC.
GYNECOLOGY
ONCOLOGY

Major, Joseph J, DO

820 Clermont St, #10
Denver, 80220 333-1677
(H) 5644 S Jamaica Way
Englewood, 80111
DENVER MED. SOC.
GENERAL SURGERY

Malowney, Robert C, MD (Ret)

(H) 1435 E Tufts Ave
Englewood, 80110 781-6037
DENVER MED. SOC.
THORACIC SURGERY

Mandel, Mickey J, MD

2200 E 18th Ave
Denver, 80206 322-7789
(H) 38 Sedgwick Dr
Englewood, 80110 789-2011
DENVER MED. SOC.
DERMATOLOGY
DERMATOPATHOLOGY

Manke, William F, MD

1820 Gilpin St, #210
Denver, 80218 388-6396
(H) 3 Tamarac Ln
Englewood, 80110 789-1280
DENVER MED. SOC.
DIAGNOSTIC RADIOLOGY

Maresh, Gerald S, MD (Ret)

(H) 4061 S Dexter St
Englewood, 80110 758-1542
DENVER MED. SOC.
RADIOLOGY

Marritt, Emanuel, MD

5445 DTC Pkwy, #1015
Englewood, 80111 694-9371
AURORA-ADAMS COUNTY MED. SOC.
PLASTIC SURGERY

McCarthy, Howard L, MD

3555 S Clarkson, #B-1
Englewood, 80110 761-2206
ARAPAHOE MED. SOC.
GENERAL SURGERY

McCloskey, Thomas T, MD

601 E Hampden Ave
Englewood, 80110 788-6644
ARAPAHOE MED. SOC.
INTERNAL MEDICINE

McMillin, Kim I, MD

St Joseph Hospital
Denver, 80218
(H) 6215 S Galena Ct
Englewood, 80111
DENVER MED. SOC.
RADIOLOGY

Mehta, Pushpa S, MD

1421 S Potomac, #110
Aurora, 80012 750-0883
(H) 5760 S Geneva St
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
OB & GYNECOLOGY

- Mehta, Sunder J, MD**
3005 E 16th, #520
Denver, 80206 388-6874
(H) 5760 S Geneva St
Englewood, 80111
DENVER MED. SOC.
GASTROENTEROLOGY
- Melmed, Meir H, MD**
Swedish Medical Plaza
601 E Hampden Ave #160
Englewood, 80110 788-6660
(H) 6192 S Galena Way
Englewood, 80111
ARAPAHOE MED. SOC.
OB & GYNCOLOGY
- Meltzer, Gerald E, MD**
4999 E Kentucky, #202
Denver, 80222 756-1818
(H) 4961 S Clinton
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
OPHTHALMOLOGY
- Melzer, Robert B, MD**
950 E Harvard, #420
Denver, 80210 778-1886
(H) 3490 S Clayton
Englewood, 80110
ARAPAHOE MED. SOC.
GENERAL SURGERY
- Menter, Robert R, MD**
3425 S Clarkson St
Englewood, 80110 789-8220
ARAPAHOE MED. SOC.
ORTHOPEDIC SURGERY
PHYSICAL MEDICINE & REHAB
- Mestas, T Robert, MD**
1965 S University Blvd
Denver, 80210 861-4868
(H) 7017 S Spruce Dr W
Englewood, 80112
DENVER MED. SOC.
OB & GYNCOLOGY
- Michelson, Abraham K, MD**
1421 S Potomac St, #110
Aurora, 80012 750-0883
(H) 4 Cherry Hills Farm Dr
Englewood, 80110
AURORA-ADAMS COUNTY MED. SOC.
OB & GYNCOLOGY
- Miller, Meredith H, MD**
601 E Hampden Ave, #340
Englewood, 80110 788-4000
(H) RR3 Box 149
1775 McArthur Ranch
Littleton, 80124
ARAPAHOE MED. SOC.
NEUROLOGICAL SURGERY
- Milligan, Gatewood C, MD (Ret)**
(H) 3975 S Fox St
Englewood, 80110 781-3315
ARAPAHOE MED. SOC.
OB & GYNCOLOGY
- Milzer, Gary S, MD**
1421 S Potomac
Aurora, 80012 621-9010
(H) 6386 E Tufts Ave
Englewood, 80111
DENVER MED. SOC.
OB & GYNCOLOGY
- Monheit, Peter I, MD**
3545 S Tamarac Dr, #130
Denver, 80237 771-1647
(H) 4060 S Hudson Way
Englewood, 80110
ARAPAHOE MED. SOC.
FAMILY PRACTICE
- Montrey, Jill S, MD**
14200 E Arapahoe Rd, #360
Englewood, 80112 699-1110
(H) 774 Locust St
Denver, 80220
AURORA-ADAMS COUNTY MED. SOC.
GENERAL SURGERY
- Moore, Michael L, MD**
4545 E 9th Ave
Denver, 80220
(H) 4490 S Yosemite
Englewood, 80111
DENVER MED. SOC.
INFERTILITY
GYNCOLOGY
- Moore, Patrick T, MD**
4231 W 16th Ave, #A
Denver, 80204
(H) 9205 E Crestline Ave
Englewood, 80111
CLEAR CREEK VALLEY MED. SOC.
PATHOLOGY
- Morgan, David L, MD**
Swedish Med Ctr Path Dept
501 E Hampden
Englewood, 80110
(H) 811 Grape
Denver, 80220
ARAPAHOE MED. SOC.
PATHOLOGY
- Moulton, Jeffrey S, MD**
4231 W 16th Ave
Dept of Rad
Denver, 80204
(H) 6023 S Beeler
Englewood, 80111
CLEAR CREEK VALLEY MED. SOC.
RADIOLOGY
- Mubarak, Asa'ad A, MD**
8350 W 38th Ave, #102
Wheat Ridge, 80033 423-3100
(H) 18 Sedgwick Dr
Englewood, 80110
DENVER MED. SOC.
GENERAL SURGERY
THORACIC SURGERY
- Muffy, Harry M, MD**
3535 S Lafayette St
Englewood, 80110 781-5525
(H) 1201 Green Meadow Ln
Littleton, 80121
ARAPAHOE MED. SOC.
GYNCOLOGY
INFERTILITY
- Muffy, James T, MD**
601 E Hampden Ave, #370
Englewood, 80110 761-5325
ARAPAHOE MED. SOC.
ORTHOPEDIC SURGERY
HAND SURGERY
- Munch, David M, MD**
Pres/Aurora Hosp
750 Potomac St #111
Aurora, 80011 341-7772
(H) 5797 S Galena St
Englewood, 80111 377-2985
AURORA-ADAMS COUNTY MED. SOC.
INTERNAL MEDICINE
- Murphy, David M, MD**
4 Middle Rd
Englewood, 80110 753-1819
(H) 4 Middle Rd
Englewood, 80110 753-1819
CLEAR CREEK VALLEY MED. SOC.
ANESTHESIOLOGY
- Musman, David J, MD (Ret)**
(H) 3230 S High St
Englewood, 80110 781-4239
DENVER MED. SOC.
DERMATOLOGY
- Myers, Burton S, MD**
501 E Hampden Ave
PO Box 2901 Dept 7221
Englewood, 80110 788-6911
ARAPAHOE MED. SOC.
EMERGENCY MEDICINE
- Myers, John A**
1550 S Potomac, #225
Aurora, 80012
(H) 10684 E Maplewood
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
NEUROLOGY
- Nickell, Leo C, MD**
3600 S Ogden St
Englewood, 80110
ARAPAHOE MED. SOC.
ANESTHESIOLOGY
- Nieder, Robert M, MD**
6131 S Geneva Way
Englewood, 80111
(H) 6131 S Geneva Way
Englewood, 80111
DIRECT CMS MEMBER
ANESTHESIOLOGY
- Nofsinger, Kenton D, MD**
750 Potomac St, #223
Aurora, 80011 340-4600
(H) 11031 E Fair Cir
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
OPHTHALMOLOGY

Nonas, Nicholas G, MD

120

- Podgorski, Steven F, MD**
601 E Hampden Ave, #490
Englewood, 80110 761-9944
(H) 2727 S Langley Ct
Denver, 80210 753-6440
ARAPAHOE MED. SOC.
OPHTHALMOLOGY
- Pomerantz, Marvin, MD**
950 E Harvard Ave, #680
Denver, 80210 778-6527
(H) #6 Greenridge Rd
Englewood, 80111
ARAPAHOE MED. SOC.
CARDIOVASCULAR SURGERY
THORACIC SURGERY
- Post, Gary L, MD**
8200 E Belleview, #460
Englewood, 80111
(H) 5479 S Uravan Ct
Aurora, 80015 690-6055
ARAPAHOE MED. SOC.
FAMILY PRACTICE
- Potestio, Frank S, MD**
601 E Hampden Ave, #520
Englewood, 80110
(H) 7374 Inspiration
Parker, 80134
ARAPAHOE MED. SOC.
GYNECOLOGY
- Poticha, Gerald S, MD**
8120 S Holly St, #110
Littleton, 80122 850-9922
(H) 5405 S Niagara Ct
Englewood, 80111
ARAPAHOE MED. SOC.
INTERNAL MEDICINE
ENDOCRINOLOGY & METABOLISM
- Powers, Bernard J, MD**
3535 S Lafayette St
Englewood, 80110
(H) 2427 S Krameria
Denver, 80222
ARAPAHOE MED. SOC.
INTERNAL MEDICINE
- Powers, Robert C, MD**
601 E Hampden Ave, #220
Englewood, 80110 798-6950
(H) 325 Franklin St
Denver, 80218 773-8363
ARAPAHOE MED. SOC.
ORTHOPEDIC SURGERY
- Price, Jerry G, MD**
950 E Harvard Ave, #420
Denver, 80210 778-1886
(H) 10 Viking Dr
Englewood, 80110
ARAPAHOE MED. SOC.
GENERAL SURGERY
- Reed, Barbara R, MD**
2200 E 18th Ave
Denver, 80206 322-7789
(H) 5430 E Oxford
Englewood, 80110
DENVER MED. SOC.
DERMATOLOGY
- Rehg, William F, MD**
7180 E Orchard Rd, #305
Englewood, 80111 770-0425
(H) 7197 S Poplar Ln
Englewood, 80112
ARAPAHOE MED. SOC.
PSYCHIATRY
- Reynard, Kenneth B, MD**
Dept Of Radiology
4231 W 16th Ave
Denver, 80204
(H) 5505 S Krameria
Englewood, 80111 779-9614
CLEAR CREEK VALLEY MED. SOC.
- Rhodes, Edward A, MD**
2005 E 18th Ave
Denver, 80206 321-4212
(H) 5951 S Akron Way
Englewood, 80111 741-5459
DENVER MED. SOC.
UROLOGICAL SURGERY
- Riley, John C III, MD**
3576 S Logan St
Englewood, 80110 778-5626
(H) 8 Cherry Vale
Englewood, 80110 781-2266
ARAPAHOE MED. SOC.
RADIOLOGY
- Roberts, John F, MD**
3576 S Logan St
Englewood, 80110 761-9190
(H) 2600 E Williamette Ln
Littleton, 80121 771-0764
ARAPAHOE MED. SOC.
RADIOLOGY
- Roger, Sheldon, MD**
4545 E 9th Ave, #120
Denver, 80220 320-2868
(H) 5375 E Nassau Cir
Englewood, 80110
DENVER MED. SOC.
ORTHOPEDIC SURGERY
- Rohrer, H Hugh, MD**
7000 E Belleview, #301
Englewood, 80111 220-9200
(H) 5449 E Long Pl
Littleton, 80122 796-7760
ARAPAHOE MED. SOC.
- Rubinstein, David H, MD**
4545 E 9th Ave, #640
Denver, 80220 399-8000
(H) 8423 E Easter Pl
Englewood, 80112
AURORA-ADAMS COUNTY MED. SOC.
PSYCHIATRY
- Rudd-McCoy, Nancy A, MD**
9141 Grant St, #115
Thornton, 80229 450-5400
(H) 6213 S Niagara Way
Englewood, 80111 770-5239
AURORA-ADAMS COUNTY MED. SOC.
OB & GYNECOLOGY
- Rudolph, Merritt C, MD**
950 E Harvard Ave, #650
Denver, 80210 722-4683
(H) 5959 Southmoor Ln
Englewood, 80111
ARAPAHOE MED. SOC.
INTERNAL MEDICINE
ENDOCRINOLOGY & METABOLISM
DIABETES
- Sabel, John S, MD**
601 E Hampden Ave, #260
Englewood, 80110 788-8888
(H) 5 E Belleview Pl
Englewood, 80110
ARAPAHOE MED. SOC.
GASTROENTEROLOGY
- Safford, H R III, MD**
2005 Franklin St, #550
Denver, 80205 837-0912
(H) 10 Lynn Rd
Englewood, 80110 761-8899
DENVER MED. SOC.
UROLOGICAL SURGERY
- Sanders, Barbara J P, MD**
5800 E Evans
Denver, 80222 756-3614
(H) 6582 S Pontiac Ct
Englewood, 80111
DENVER MED. SOC.
ALLERGY & IMMUNOLOGY
- Sanders, Richard J, MD**
4545 E 9th Ave, #240
Denver, 80220 388-6461
(H) 8 Parkway Dr
Englewood, 80110 756-5877
DENVER MED. SOC.
VASCULAR SURGERY
- Sankey, Noel E, MD**
601 E Hampden Ave, #580
Englewood, 80110 788-6866
(H) 2501 E Floyd Ave
Englewood, 80110
ARAPAHOE MED. SOC.
UROLOGICAL SURGERY
- Sargent, Frank T, MD**
601 E Hampden Ave, #580
Englewood, 80110 788-6877
(H) 13 Carriage Ln
Littleton, 80121 773-3317
ARAPAHOE MED. SOC.
UROLOGICAL SURGERY
- Sargent, Robert A, MD**
7720 S Broadway, #200
Littleton, 80122 797-8777
(H) 6152 E Princeton Cir
Englewood, 80111 753-1335
ARAPAHOE MED. SOC.
OPHTHALMOLOGY
PEDIATRICS

ENGLEWOOD

Schechter, Philip A, MD
8120 S Holly, #204
Littleton, 80112 740-9440
(H) 9978 E Maplewood Ave
Englewood, 80111
ARAPAHOE MED. SOC.
GENERAL SURGERY
THORACIC SURGERY
CARDIOVASCULAR SURGERY

Schiff, Michael, MD
750 Potomac St, #L-23
Aurora, 80011
(H) 5400 S Monaco St
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
RHEUMATOLOGY

Schneider, Michael J, MD
Porter Mem Hosp
2525 S Downing St
Denver, 80210 778-5714
(H) 14 Vista Rd
Englewood, 80110
ARAPAHOE MED. SOC.
ONCOLOGY
THERAPEUTIC RADIOLOGY
RADIATION ONCOLOGY

Schneider, William A, MD
1776 Vine St
Denver, 80206 388-5853
(H) 4124 S Dahlia St
Englewood, 80110 757-3480
DENVER MED. SOC.
INTERNAL MEDICINE

Schonebaum, Robert M, MD
(H) 9190 E Radcliff
Englewood, 80111 770-4408
DENVER MED. SOC.
OB & GYN ECOLOGY

Schoolcraft, William B, MD
601 E Hampden Ave, #185
Englewood, 80110 788-6371
ARAPAHOE MED. SOC.
OB & GYN ECOLOGY

Schreiber, David P, MD
2525 S Downing St
Denver, 80210
(H) 9858 E Maplewood Cir
Englewood, 80111
ARAPAHOE MED. SOC.
THERAPEUTIC RADIOLOGY

Schrier, Robert W, MD
4200 East 9th Ave
Denver, 80262 394-7765
(H) 4701 DASA DR
Englewood, 80111
DENVER MED. SOC.
INTERNAL MEDICINE
NEPHROLOGY

Schroeder, Fredric A, MD
2465 S Downing St, #205
Denver, 80210 744-1241
(H) 2911 S Franklin St
Englewood, 80110 781-7618
ARAPAHOE MED. SOC.
PEDIATRICS

Schuchman, Harvey A, MD
950 E Harvard Ave, #540
Denver, 80210 744-1065
(H) 5801 E Princeton
Englewood, 80110 757-7021
ARAPAHOE MED. SOC.
CARDIOVASCULAR DISEASES

Scott, Francis A, MD
4545 E 9th Ave, #020
Denver, 80220 393-1401
(H) 4600 S Vine Way
Englewood, 80110
DENVER MED. SOC.
HAND SURGERY
ORTHOPEDIC SURGERY

Scott, Jeffrey R, MD
8200 E Bellevue Ave, #204
Englewood, 80111 779-5437
(H) 7349 Rochester Ct
Castle Rock, 80104
ARAPAHOE MED. SOC.
PEDIATRICS

Seibert, Charles E, MD
3576 S Logan St
Englewood, 80110 761-9190
(H) 1 Cimarron Dr
Littleton, 80121
ARAPAHOE MED. SOC.
DIAGNOSTIC RADIOLOGY

Serota, Joseph F, MD
1455 S Potomac St, #304
Aurora, 80012 696-6540
(H) 5599 S Hanover Way
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
PLASTIC SURGERY
HAND SURGERY

Sheehan, Mark W, MD
950 E Harvard Ave, #540
Denver, 80210 744-1065
(H) 72 Charlou Cir
Englewood, 80111 771-2170
ARAPAHOE MED. SOC.
CARDIOVASCULAR DISEASES
INTERNAL MEDICINE

Sherman, Morton E, MD
750 Potomac St, #L5
Aurora, 80011 341-5751
(H) 6113 S Galena Ct
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
INTERNAL MEDICINE
CARDIOLOGY

Sherman, Susan A, MD
750 Potomac St, #L-5
Aurora, 80011 341-5751
(H) 6113 S Galena Ct
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
INTERNAL MEDICINE
ENDOCRINOLOGY & METABOLISM
DIABETES

Shlra, James E, MD
Children's Hosp
1056 E 19th Ave
Denver, 80218 861-6132
(H) 5031 S Fulton St
Englewood, 80111 773-1640
DENVER MED. SOC.
PEDIATRICS
ALLERGY
IMMUNOLOGY

Sikand, Gita S, MD
281 E 88th Ave
Denver, 80229
(H) 6595 S Poplar Ct
Englewood, 80111 740-8261
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS
HEMATOLOGY
ONCOLOGY

Silvers, William S, MD
7180 E Orchard Rd, #208-A
Englewood, 80111 740-0998
(H) 8344 E Radcliff #394
Denver, 80237 694-6893
ARAPAHOE MED. SOC.
ALLERGY & IMMUNOLOGY
PULMONARY DISEASES

Simon, John Jr, MD (Ret)
(H) 3945 S Clarkson
Englewood, 80110
ARAPAHOE MED. SOC.
FAMILY PRACTICE

Simpson, C Kelley, MD
(H) 6551 S Billings Way
Englewood, 80111
DIRECT CMS MEMBER
RADIATION ONCOLOGY

Smail, W Carlyle Jr, MD
1721 E 19th Ave, #350
Denver, 80218 839-1515
(H) 14 Cherry Hills Dr
Englewood, 80110 753-1020
DENVER MED. SOC.
CARDIOVASCULAR SURGERY
THORACIC SURGERY

Smazal, Stanley F Jr, MD
3576 S Logan St
Englewood, 80110 761-9190
(H) 4511 S Downing St
Englewood, 80110
ARAPAHOE MED. SOC.
RADIOLOGY

Smith, Christopher F, MD
1550 S Potomac, #360
Aurora, 80012 369-1033
(H) 5309 S Geneva St
Englewood, 80111 770-8080
AURORA-ADAMS COUNTY MED. SOC.
INTERNAL MEDICINE

Smith, Daniel L, MD
950 E Harvard, #680
Denver, 80210 861-8158
(H) 4245 S Forest Cir
Englewood, 80110 759-5472
ARAPAHOE MED. SOC.
CARDIOVASCULAR SURGERY
THORACIC SURGERY

Smith, Don B, MD 601 E Hampden Ave, #590 Englewood, 80110 (H) 5482 E Center Ave Denver, 80222 ARAPAHOE MED. SOC.	781-4485 399-9916	Strand, Melford L, MD 1301 Pennsylvania St, #430 Denver, 80203 (H) 10927 E Crestline Cir Englewood, 80111 DENVER MED. SOC.	Takeno, M George, MD (Ret) (H) 2707 S Clarkson St Englewood, 80110 DENVER MED. SOC.	789-2906 GENERAL SURGERY
	NEUROLOGY			
Smith, Edwin R, MD 1721 E 19th, #206 Denver, 80218 (H) 10403 E Berry Dr Englewood, 80111 DENVER MED. SOC.	860-8222	Strasburger, Arthur K, MD 7720 S Broadway, #500 Littleton, 80122 (H) 1600 E Layton Dr Englewood, 80110 ARAPAHOE MED. SOC.	Tarlie, Ansel, MD 9993 E Berry Dr Englewood, 80111 (H) 9993 E Berry Dr Englewood, 80110 DENVER MED. SOC.	399-1172 741-1176 ANESTHESIOLOGY
	GENERAL SURGERY			
Stallworth, John C, MD 850 E Harvard, #245 Denver, 80210 (H) 7891 Valentia Way Englewood, 80112 ARAPAHOE MED. SOC.	722-8877 850-9188	Stuebner, Jon W, MD 750 Potomac St, #111 Aurora, 80011 (H) 6304 E Dorado Cir Englewood, 80111 AURORA-ADAMS COUNTY MED. SOC.	Temple, Donald R, MD 1955 Pennsylvania St Denver, 80203 (H) 9724 E Crestline Cir Englewood, 80111 DENVER MED. SOC.	861-4864 779-0923 GENERAL SURGERY
	OB & GYNCOLOGY			
Stapp, R Holbrook, MD 8200 E Belleview, #204 Englewood, 80111 (H) 500 Elm Denver, 80220 ARAPAHOE MED. SOC.	779-5437 322-9023	Stuebner, Jon W, MD 750 Potomac St, #111 Aurora, 80011 (H) 6304 E Dorado Cir Englewood, 80111 AURORA-ADAMS COUNTY MED. SOC.	Thomas, Donn D, MD 3535 S Lafayette St, #211 Englewood, 80110 ARAPAHOE MED. SOC.	761-1036 PLASTIC SURGERY
	PEDIATRICS			
Starkey, Gerald H Jr, MD 12000 E 47th Ave, #117 Denver, 80239 (H) 5155 S Kenton Wy Englewood, 80111 AURORA-ADAMS COUNTY MED. SOC.	 FAMILY PRACTICE OCCUPATIONAL MEDICINE	Sudan, A Chester Jr, MD 601 E Hampden Ave Englewood, 80110 (H) 545 S Harrison Ln Denver, 80209 ARAPAHOE MED. SOC.	Thomasson, George O, MD 6061 S Willow Dr, #270 Englewood, 80111 (H) 8859 So Green Meadows Dr Highlands Ranch, 80126 DENVER MED. SOC.	 LEGAL MEDICINE FAMILY PRACTICE PUBLIC HEALTH
Stavros, A Thomas, MD 3576 S Logan St Englewood, 80110 (H) 1120 E Tufts Ave Englewood, 80110 ARAPAHOE MED. SOC.	761-9190 789-3617	Sullivan, Philip J, MD 501 E Hampden Ave Englewood, 80110 (H) 3124 S Clayton St Denver, 80210 ARAPAHOE MED. SOC.	Thompson, Richard H Jr, MD 7720 S Broadway Littleton, 80122 (H) 6260 S Ivy St Englewood, 80111 ARAPAHOE MED. SOC.	797-3000 PLASTIC SURGERY
	DIAGNOSTIC RADIOLOGY PEDIATRIC RADIOLOGY NUCLEAR RADIOLOGY RADIOLOGY			
Steffen, Grant E, MD 601 E Hampden Ave, #570 Englewood, 80110 ARAPAHOE MED. SOC.	788-6644	Sutherland, Jerome D, MD 3576 S Logan Englewood, 80110 (H) 1198 S Franklin St Denver, 80210 ARAPAHOE MED. SOC.	Thompson, Rollin L, MD (Ret) 3600 E Alameda Ave Denver, 80209 (H) 5755 E Oxford Ave Englewood, 80111 DENVER MED. SOC.	320-1777 758-1401 OPHTHALMOLOGY
	INTERNAL MEDICINE			
Steines, William J, MD 3576 S Logan St Englewood, 80110 ARAPAHOE MED. SOC.	761-9190	Swanson, Michael S, MD 601 E Hampden Ave, #185 Englewood, 80110 (H) 7706 S Madison Cir Littleton, 80122 ARAPAHOE MED. SOC.	Thulin, Barbara W, MD 3535 S Lafayette St, #107 Englewood, 80110 ARAPAHOE MED. SOC.	789-2289 NEUROLOGY CHILD NEUROLOGY
	DIAGNOSTIC RADIOLOGY			
Steinhardt, Kasiel, MD 950 E Harvard Ave, #140 Denver, 80210 (H) 3231 Cherryridge Rd Englewood, 80110 ARAPAHOE MED. SOC.	777-2679	Swanson, Wendel B, MD 3576 S Logan St Englewood, 80110 (H) 4829 S Dahlia Littleton, 80121 ARAPAHOE MED. SOC.	Thulin, William J, MD 3535 S Lafayette St, #107 Englewood, 80110 ARAPAHOE MED. SOC.	789-2289 ORTHOPEDIC SURGERY
	ORTHOPEDIC SURGERY LEGAL MEDICINE			
			Truell, John E, MD 501 E Hampden Ave PO Box 2901 Dept 7315 Englewood, 80110 ARAPAHOE MED. SOC.	789-6130 PATHOLOGY

ENGLEWOOD

Tschetter, Paul N, MD			Varner, Lawrence N, DO			Wayne, Eli R, MD		
8200 E Bellevue Ave, #204			3535 S Lafayette			1010 E 19th Ave, #501		
Englewood, 80111	779-5437		Englewood, 80110	762-0588		Denver, 80218	861-0035	
(H) 9501 E Orchard Dr			(H) 1470 S Quebec Way			(H) 1450 E Oxford Ln		
Englewood, 80111			Hunt Club #48			Englewood, 80110	761-3799	
ARAPAHOE MED. SOC.			Denver, 80231			DENVER MED. SOC.		
	PEDIATRICS		AURORA-ADAMS COUNTY MED. SOC.				PEDIATRIC SURGERY	
			ORTHOPEDIC SURGERY					
Tsuda, Hideya, MD			Verkier, Christopher J, MD			Weinerman, Stewart K, MD		
6979 S Holly Cir, #170			7180 E Orchard Rd, #101			1421 S Potomac St, #130		
Englewood, 80112	740-7333		Englewood, 80111	721-0220		Aurora, 80012		
(H) 6951 E Nichols Pl			(H) 6333 S Monaco Ct			(H) 5860 S Big Canon Dr		
Englewood, 80112			Englewood, 80111			Englewood, 80111		
ARAPAHOE MED. SOC.			ARAPAHOE MED. SOC.			AURORA-ADAMS COUNTY MED. SOC.		
	FAMILY PRACTICE			FAMILY PRACTICE			ORTHOPEDIC SURGERY	
Turley, Ginger T, MD			Vierling, Donna M, MD			Weingarten, Peter L, MD		
5445 DTC Pkwy, #925			1455 S Potomac, #208			1421 S Potomac St, #130		
Englewood, 80111	741-4711		Aurora, 80012			Aurora, 80012	695-6060	
(H) 15739 E Mercer Pl			(H) 9800 E Chenango Ave			(H) 4900 S El Camino Dr		
Aurora, 80013	690-2951		Englewood, 80111			Englewood, 80111		
ARAPAHOE MED. SOC.			AURORA-ADAMS COUNTY MED. SOC.			AURORA-ADAMS COUNTY MED. SOC.		
	PROCTOLOGY		GASTROENTEROLOGY				ORTHOPEDIC SURGERY	
			INTERNAL MEDICINE				HAND SURGERY	
Twombly, George C Jr, MD			Vigoda, Phillip S, MD			Weintraub, Alan H, MD		
2121 S Oneida St			3005 E 16th Ave, #340			3425 S Clarkson St		
Denver, 80224	758-5539		Denver, 80206	320-5771		Englewood, 80110		
(H) 6839 S Jasmine Ct			(H) 29 Cherry Ln Dr			ARAPAHOE MED. SOC.		
Englewood, 80112	771-2582		Englewood, 80110	758-1500			PHYSICAL MEDICINE & REHAB	
DENVER MED. SOC.			DENVER MED. SOC.					
	PHYSICAL MEDICINE & REHAB		CARDIOVASCULAR DISEASES					
Ugale, Janice J, MD			Vijay, Nampalli K, MD			Weisbrod, Dennis M, MD		
1555 Clarkson St			St Luke's Hosp			1955 Pennsylvania, #400		
Denver, 80203	831-7171		Denver, 80203	869-1695		Denver, 80203	831-8344	
(H) 8789 E Otero Cir			(H) 6018 S Clinton Ct			(H) 6129 E Princeton Cir		
Englewood, 80112			Englewood, 80111			Englewood, 80111	756-9020	
DENVER MED. SOC.			DENVER MED. SOC.			DENVER MED. SOC.		
	DIAGNOSTIC RADIOLOGY		CARDIOVASCULAR DISEASES				OB & GYNECOLOGY	
							INFERTILITY	
Vanbuskirk, John A, MD			Vincent, Thomas N, MD			Weiss, Peter, MD		
3600 S Logan			1544 York St			4200 W Conejos Pl, #314		
Englewood, 80110	761-0901		Denver, 80206	399-6731		Denver, 80204	892-6033	
(H) 6001 S Elati			(H) 2805 Cherryridge Rd			(H) 3711 S Albion St		
Littleton, 80120			Englewood, 80110	761-1294		Englewood, 80110	758-0887	
ARAPAHOE MED. SOC.			DENVER MED. SOC.			CLEAR CREEK VALLEY MED. SOC.		
	FAMILY PRACTICE			PATHOLOGY			INTERNAL MEDICINE	
Vanderark, Gary D, MD			Wanderer, Alan A, MD			Weiss, Stanley S, MD		
601 E Hampden Ave			3601 S Pennsylvania St			1721 E 19th Ave, #528		
Englewood, 80110	761-2002		Englewood, 80110	761-4343		Denver, 80218	861-2663	
(H) 3240 S Monroe			(H) 1075 E Radcliffe			(H) 6093 E Princeton Ave		
Denver, 80210	758-5246		Englewood, 80110	761-5111		Englewood, 80111	757-0094	
ARAPAHOE MED. SOC.			ARAPAHOE MED. SOC.			DENVER MED. SOC.		
	NEUROLOGICAL SURGERY			ALLERGY			PSYCHIATRY	
Varnell, Jeffrey L, MD			Warren, Darrell R, MD			Wells, G Gray, MD		
730 Potomac St, #204			750 Potomac St, L-11			601 E Hampden Ave, #370		
Aurora, 80011	343-3270		Aurora, 80011	344-1162		Englewood, 80110	761-5325	
(H) 10794 E Berry Ave			(H) 10908 E Crestridge Cr			ARAPAHOE MED. SOC.		
Englewood, 80111	741-1849		Englewood, 80111	770-8345			ORTHOPEDIC SURGERY	
AURORA-ADAMS COUNTY MED. SOC.			AURORA-ADAMS COUNTY MED. SOC.					
	GENERAL SURGERY			OB & GYNECOLOGY				
	TUMOR SURGERY							
	THORACIC SURGERY							
Wells, Gerald C, MD			Wells, Gerald C, MD			Wells, Gerald C, MD		
191 E Orchard Rd			191 E Orchard Rd			191 E Orchard Rd		
Littleton, 80121	798-3563		Littleton, 80121			Littleton, 80121	798-3563	
(H) 6400 Manor Dr			(H) 6400 Manor Dr			(H) 6400 Manor Dr		
Englewood, 80111	771-0491		Englewood, 80111			Englewood, 80111	771-0491	
ARAPAHOE MED. SOC.			ARAPAHOE MED. SOC.			ARAPAHOE MED. SOC.		
	DIAGNOSTIC RADIOLOGY							

Wiley, Hugh S, MD
1919 S University Blvd
Denver, 80210 744-2701
(H) 6218 E Princeton Ave
Englewood, 80111
DENVER MED. SOC.
DERMATOLOGY

Williams, Derek W, MD
830 Potomac Cir, #330
Aurora, 80011 367-0062
(H) 5619 S Ivy Ct
Englewood, 80111 740-7746
DENVER MED. SOC.
OB & GYNECOLOGY

Williams, Richard W, MD
7750 S Broadway
Littleton, 80122 794-1234
(H) 7297 E Geddes Ave
Englewood, 80112
ARAPAHOE MED. SOC.
GENERAL SURGERY

Williams, Roger A, MD
850 E Harvard Ave, #355
Denver, 80210
(H) 6811 E Powers Ave
Englewood, 80111 773-1150
ARAPAHOE MED. SOC.
ANESTHESIOLOGY

Winter, Clara L, MD
3501 S Corona St, #4
Englewood, 80110 788-6982
(H) 11 Mocking Bird Ln
Englewood, 80110
ARAPAHOE MED. SOC.
ANESTHESIOLOGY

Wolff, James N, MD
5460 E Oxford Ave
Englewood, 80110 322-1891
(H) 5460 E Oxford Ave
Englewood, 80110 691-0596
DENVER MED. SOC.
RADIOLOGY

Wollgast, George F, MD (Ret)
(H) 1900 E Girard Pl #500
Englewood, 80110 781-8834
DENVER MED. SOC.
GENERAL SURGERY

Wood, John M, MD
3475 S Lafayette St
Englewood, 80110 761-9107
(H) 1715 Cherryville Rd
Littleton, 80121
ARAPAHOE MED. SOC.
ANATOMIC PATHOLOGY
FORENSIC PATHOLOGY
TOXICOLOGY

Woodard, Don E, MD
601 E Hampden Ave, #550
Englewood, 80110 761-3323
(H) 6300 W Mansfield
Denver, 80235
ARAPAHOE MED. SOC.
OB & GYNECOLOGY
INFERTILITY

Woodward, James M Jr, MD
1385 S Colorado Blvd
Bldg A #110
Denver, 80222 759-3361
(H) 4120 S Clermont St
Englewood, 80110 757-4620
DENVER MED. SOC.
OPHTHALMOLOGY

Wright, Roy R, MD
601 E Hampden Ave, #590
Englewood, 80110 781-4484
ARAPAHOE MED. SOC.
NEUROLOGY

Yaeger, Eric S, MD
(H) 8267 S Newport Ct
Englewood, 80112 779-5626
DIRECT CMS MEMBER

Yakely, M Robert, MD
4200 W Conejos Pl, #410
Denver, 80204 573-5181
(H) 9556 E Orchard Dr
Englewood, 80111 779-4066
CLEAR CREEK VALLEY MED. SOC.
UROLOGICAL SURGERY

Yarnell, Philip R, MD
4200 W Conejos Pl, #109
Denver, 80204 623-5800
(H) 9638 E Powers Dr
Englewood, 80111 779-0052
DENVER MED. SOC.
NEUROLOGY
PHYSICAL MEDICINE & REHAB

Yasuzawa, S Steve, MD
1421 S Potomac, #220
Aurora, 80012 696-0707
(H) 5454 S Emporia Ct
Englewood, 80111
AURORA-ADAMS COUNTY MED. SOC.
OB & GYNECOLOGY

Young, David H, MD
2005 Franklin St, #II-680
Denver, 80205 861-8158
(H) 4762 S Elizabeth Ct
Englewood, 80110 761-3236
DENVER MED. SOC.
THORACIC SURGERY
CARDIOVASCULAR SURGERY

Youngberg, Joseph T, MD
14200 E Arapahoe
Englewood, 80112 699-3060
ARAPAHOE MED. SOC.
EMERGENCY MEDICINE

Zbyski, Joseph R, MD
2005 Franklin St, #690
Denver, 80205 831-7400
(H) 5 Greenridge Rd
Englewood, 80111 740-7578
DENVER MED. SOC.
PLASTIC SURGERY
FACIAL PLASTIC SURGERY
MAXILLOFACIAL SURGERY
HAND SURGERY
HEAD & NECK SURGERY

Zimmer, Alexander H, MD
6455 S Yosemite, #315
Englewood, 80111
(H) 1470 S Quebec Way #175
Denver, 80231
DENVER MED. SOC.
NEUROLOGY

Zoller, Gregory W, MD
2525 S Downing St
Denver, 80210 778-5666
(H) 9920 E Grand Av
Englewood, 80111 770-3181
ARAPAHOE MED. SOC.
EMERGENCY MEDICINE

Zwiebel, Paul C, MD
3597 S Pearl St
Englewood, 80110 781-8288
(H) 5311 E Hinsdale
Littleton, 80122
ARAPAHOE MED. SOC.
PLASTIC SURGERY

ERIE, CO

Marks, Galen D, MD
PO Box 506
Brighton, 80601 659-1531
(H) 145 Cessna Dr
Erie, 80516
AURORA-ADAMS COUNTY MED. SOC.
RADIOLOGY

ESTES PARK, CO

Anderson, N Paul E, MD (Ret)
(H) 2820 Fall River Rd
PO Box 3153
Estes Park, 80517
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
GENERAL PRACTICE

Bergland, Bert E, DO
PO Box 2188
600 S St Vrain
Estes Park, 80501 586-5383
(H) PO Box 2188
Estes Park, 80517 586-6312
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
EMERGENCY MEDICINE

Dickmann, Joel A, DO
PO Box 2188
600 S St Vrain
Estes Park, 80517 586-5383
(H) PO Box 4444
Estes Park, 80517
LARIMER COUNTY MED. SOC.
GENERAL PRACTICE

ESTES PARK - EVERGREEN

Hanson, Russell H, MD (Ret)
 920 Ramshorn Dr
 Estes Park, 80519 586-5564
 (H) 920 Ramshorn Dr
 Estes Park, 80517 586-5564
 BOULDER COUNTY MED. SOC.
 FAMILY PRACTICE
 INTERNAL MEDICINE

Kraus, G Thomas, MD
 555 Prospect Ave
 Box 1496
 Estes Park, 80517 586-5316
 (H) 1531 Devils Gulch Rd
 Box 1496
 Estes Park, 80517 586-2010
 LARIMER COUNTY MED. SOC.
 INTERNAL MEDICINE
 FAMILY PRACTICE

McLain, Phil C III, MD
 Box 1436
 Estes Park, 80517 586-2343
 (H) 1601 Jacobs
 PO Box 1118
 Estes Park, 80517
 LARIMER COUNTY MED. SOC.
 FAMILY PRACTICE

Miller, Burdette L, MD (Ret)
 (H) 1680 Black Squirrel Dr
 P O Box 3048
 Estes Park, 80517 586-3642
 LARIMER COUNTY MED. SOC.
 OB & GYNCOLOGY

Nichol, Thomas W, MD
 Family Medical Clinic
 PO Box 3929
 Estes Park, 80517 586-5317
 (H) Long's Peak Rt
 Estes Park, 80517 586-5647
 LARIMER COUNTY MED. SOC.
 FAMILY PRACTICE

Zuidema, Jacob J, MD (Ret)
 (H) 2405 Pine Meadow Dr LPR
 Estes Park, 80517 667-6236
 WELD COUNTY MED. SOC.
 OTORHINOLARYNGOLOGY

EVERGREEN, CO

Bogin, Robert M, MD
 1400 Jackson St
 National Jewish Hosp
 Denver, 80206 388-4461
 (H) 31638 Gallery Ln
 Evergreen, 80439
 DENVER MED. SOC.
 INTERNAL MEDICINE
 PULMONARY DISEASES

Brechner, Ross J, MD
 6949 Hwy 73, #1
 Evergreen, 80439
 (H) 6554 S Olympus Dr
 Evergreen, 80439 674-1899
 MT. EVANS MED. SOC.
 OPHTHALMOLOGY

Buchwald, Fred, MD
 29029 Upper Bear Ck Rd
 Evergreen, 80439 674-3370
 (H) 29333 Greenwood Ln
 Evergreen, 80439
 MT. EVANS MED. SOC.
 FAMILY PRACTICE

Bush, Roger A, MD
 1290 Broadway
 15th Floor
 Denver, 80203
 (H) 1168 CR 481
 Evergreen, 80439
 DIRECT CMS MEMBER
 INDUSTRIAL MEDICINE

Cline, Foster W Jr, MD
 PO Box 2380
 Evergreen, 80439 674-5503
 CLEAR CREEK VALLEY MED. SOC.
 CHILD PSYCHIATRY

Cooper, Bruce D, MD
 29029 Upper Bear Cr
 Box 2529
 Evergreen, 80439 674-3370
 (H) 3753 Summit Ln
 Evergreen, 80439
 MT. EVANS MED. SOC.
 FAMILY PRACTICE

Drury, Lawrence R, MD
 St Anthonys Hosp Central
 17th & Quitman
 Denver, 80204 629-3721
 (H) 29521 Fairway Dr
 Evergreen, 80439 674-5435
 DENVER MED. SOC.
 EMERGENCY MEDICINE

Ervin, Don L, MD
 2005 Franklin St, #650
 Denver, 80205 866-8082
 (H) PO Box 2850
 Evergreen, 80439
 DENVER MED. SOC.
 FAMILY PRACTICE

Gardner, Joseph H, MD (Ret)
 32576 Buffalo Park Rd
 Evergreen, 80439 674-7969
 DENVER MED. SOC.
 GENERAL PRACTICE
 INDUSTRIAL MEDICINE

Gibson, James D, MD
 PO Box 3565
 Evergreen, 80439 694-7147
 (H) Box 597
 Indian Hills, 80454 674-7147
 DENVER MED. SOC.
 GENERAL SURGERY

Gradison, Maggie, MD
 1421 S Potomac St, #320
 Aurora, 80012 751-1920
 (H) 8778 William Cody Dr
 Evergreen, 80439
 AURORA-ADAMS COUNTY MED. SOC.
 FAMILY PRACTICE

Hammond, R Scott, MD
 7401 Lowell Blvd
 Westminster, 80030 428-7449
 (H) 32576 Woodside Dr
 Evergreen, 80439
 DIRECT CMS MEMBER
 FAMILY PRACTICE

Hollister, Elbert E, MD
 255 Union St, #300
 Lakewood, 80228 986-9583
 (H) 227 Kings Rd
 Evergreen, 80439
 CLEAR CREEK VALLEY MED. SOC.
 FAMILY PRACTICE

Jendry, Ronald J, MD
 PO Box 2529
 29029 Upper Bear Crk Rd
 Evergreen, 80439 674-3370
 (H) 9753 Corsair Dr
 Conifer, 80433 838-2712
 MT. EVANS MED. SOC.
 FAMILY PRACTICE

Kelble, David L, MD
 2005 Franklin St, #760
 Denver, 80205 831-9135
 (H) 801 Deep Forest Ln
 Evergreen, 80439 674-8110
 DENVER MED. SOC.
 PULMONARY DISEASES
 INTERNAL MEDICINE

Kinzie, Jeannie J, MD
 4200 E 9th Ave
 Box A 031
 Denver, 80262 270-7819
 (H) PO Box 2585
 Evergreen, 80439
 DENVER MED. SOC.
 THERAPEUTIC RADIOLOGY

Krauth, Lee E, MD
 8370 W 38th Ave, #102-C
 Wheat Ridge, 80033 431-6678
 (H) 2493 Thunderbird Ln
 Evergreen, 80439
 CLEAR CREEK VALLEY MED. SOC.
 NEUROLOGICAL SURGERY



Kutalek, Kenneth J, MD
PO Box 2530
Evergreen, 80439 674-6671
(H) 27999 Creekside Dr
Evergreen, 80439
MT. EVANS MED. SOC.

PEDIATRICS

Maercklein, Wallace W, MD
(H) 7788 Peace Chance Tr
Evergreen, 80439
NORTHEAST COLORADO MED. SOC.
GENERAL PRACTICE

Melinkovich, Paul, MD
777 Bannock St
Denver, 80204 893-7610
(H) 2190 S Interlocken Dr
Evergreen, 80439 670-3692
DENVER MED. SOC.
PEDIATRICS
PUBLIC HEALTH
ADMINISTRATIVE MEDICINE

Miller, Wayne A, MD
2465 S Downing St
Denver, 80210 777-7584
(H) 3040 Interlocken Dr
Evergreen, 80439 674-1004
MT. EVANS MED. SOC.
DIAGNOSTIC RADIOLOGY
NUCLEAR RADIOLOGY
NUCLEAR MEDICINE

Moncy, Ellen L, MD
8370 W 38th Ave, G-25
Wheat Ridge, 80033 422-8084
(H) 34100 Woodland Dr
Evergreen, 80439 674-9702
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY

Moyer, John P, MD
PO Box 2530
Hwy 74
Evergreen, 80439 674-6671
(H) 28309 Pine Dr
Evergreen, 80439
MT. EVANS MED. SOC.
PEDIATRICS

Neeley, George R, MD
8550 W 38th Ave, #308
Wheat Ridge, 80033 425-2808
(H) Rt 7 Box 569
Evergreen, 80439
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY

Olson, Dennis H, MD
8370 W 38th Ave, #104
Wheat Ridge, 80033 422-9600
(H) 2418 Hearth Dr #10
Evergreen, 80439 674-4953
CLEAR CREEK VALLEY MED. SOC.
VASCULAR SURGERY

Pfenninger, Mark Wm, MD
8550 W 38th Ave, #3B
Wheat Ridge, 80033 425-2880
(H) 700 Meadow Rd
Evergreen, 80439 674-1369
CLEAR CREEK VALLEY MED. SOC.
OB & GYNCOLOGY

Santaguida, Rik, MD
PO Box 1930
Idaho Springs, 80452 254-4531
(H) PO Box 3429
Evergreen, 80439
MT. EVANS MED. SOC.
FAMILY PRACTICE

Scanavino, David J, MD
8350 W 38th Ave, #300
Wheat Ridge, 80033 421-1203
(H) 30552 Suncreek Dr
Evergreen, 80439
CLEAR CREEK VALLEY MED. SOC.
UROLOGICAL SURGERY

Seydel, Frederick K, MD
28577 Buffalo Pk Rd
Evergreen, 80439 670-1046
(H) 2682 S Kearney St
Denver, 80222 757-0401
MT. EVANS MED. SOC.
EMERGENCY MEDICINE
FAMILY PRACTICE
INTERNAL MEDICINE

Story, Fred L Jr, MD
633 Lodgepole Dr
Evergreen, 80439
(H) 663 Lodgepole Dr
Evergreen, 80439
DIRECT CMS MEMBER
ANESTHESIOLOGY

Story, Helen M, MD
6169 S Balsam Way, #250
Littleton, 80123 933-8130
(H) Box 3429
Evergreen, 80439
ARAPAHOE MED. SOC.
FAMILY PRACTICE

Vogt, Terry Ray, MD
3854 S Valley Dr
Evergreen, 80439 425-2089
CLEAR CREEK VALLEY MED. SOC.
EMERGENCY MEDICINE

Walters, Vernon W, MD
PO Box 2530
Hwy 74
Evergreen, 80439 674-6671
(H) 27981 Man O War Tr
Evergreen, 80439
MT. EVANS MED. SOC.
PEDIATRICS

Wicks, Jeffrey D, MD
4231 W 16th Ave
Denver, 80204
(H) 3711 Overlook Tr
Evergreen, 80439
CLEAR CREEK VALLEY MED. SOC.
RADIOLOGY

Wiggins, Roger G, MD
PO Box 2380
28000 Meadow Dr
Evergreen, 80439 674-5503
(H) PO Box 2380
Evergreen, 80439 674-1631
MT. EVANS MED. SOC.
PSYCHIATRY

Williams, Fred O, MD
5638 So Skyline Dr
Evergreen, 80439
(H) 5638 S Skyline Dr
Evergreen, 80439
CLEAR CREEK VALLEY MED. SOC.
EMERGENCY MEDICINE
FAMILY PRACTICE

Williams, J Stewart, MD
PO Box 1856
Evergreen, 80439 674-7694
(H) 30773 Ruby Ranch Rd
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY

Witwer, John P, MD
2465 S Downing St
Denver, 80210
(H) PO Box 2167
Evergreen, 80439
MT. EVANS MED. SOC.
RADIOLOGY

FALCON, CO

Gerrard-Gough, Brodie, MD
209 S Nevada Ave
Colorado Springs, 80903 (719)475-7700
(H) 11745 Meridian Rd
Falcon, 80831 495-3958
DIRECT CMS MEMBER
GENERAL SURGERY
THORACIC SURGERY
AMBULATORY MEDICINE
COLON & RECTAL SURGERY

FLAGLER, CO

Scarlinzi, Hugo J, DO
Box 417
Flagler, 80815 (719)765-4600
EASTERN COLORADO MED. SOC.
GENERAL PRACTICE

FLORENCE - FORT COLLINS

FLORENCE, CO

Buglewicz, John V, MD

501 W 5th
 Florence, 81226 (719)784-4816
 (H) Route 1
 Box 134 A
 Florence, 81226
 FREMONT COUNTY MED. SOC.
 FAMILY PRACTICE

Gamache, Peter J, MD

501 W 5th St
 Florence, 81226 (719)784-6349
 (H) 1012 E 3rd St
 Florence, 81226
 FREMONT COUNTY MED. SOC.
 FAMILY PRACTICE

McGarry, Joseph T, MD

501 W 5th St
 Florence, 81226 (719)784-6349
 (H) 440 1st St
 Florence, 81226 (719)372-6809
 FREMONT COUNTY MED. SOC.
 FAMILY PRACTICE

FORT COLLINS, CO

Abbey, David M, MD

1037 Robertson Dr
 Fort Collins, 80524
 LARIMER COUNTY MED. SOC.
 INTERNAL MEDICINE

Abbey, William S, MD (Ret)

(H) 1900 Pawnee Dr
 Fort Collins, 80525 482-5402
 LARIMER COUNTY MED. SOC.
 INTERNAL MEDICINE

Allen, David K, MD

1260 Doctor's Ln
 Fort Collins, 80521 484-3496
 (H) 3604 Canadian Pkwy
 Fort Collins, 80524 484-7512
 LARIMER COUNTY MED. SOC.
 INTERNAL MEDICINE

Auringer, Michael, MD

PO Box 739
 Kremmling, 80459
 (H) 1010 Castlerock
 Fort Collins, 80521
 LARIMER COUNTY MED. SOC.
 FAMILY PRACTICE

Bachus, Nelson E, MD

1080 E Elizabeth St
 Fort Collins, 80524 493-6353
 (H) 1925 Seminole Dr
 Fort Collins, 80525 484-3323
 LARIMER COUNTY MED. SOC.
 OB & GYNCOLOGY

Bailey, Austin G Jr, MD

1500 S Lemay
 Fort Collins, 80524
 (H) 400 E Pitkin
 Fort Collins, 80524
 LARIMER COUNTY MED. SOC.
 FAMILY PRACTICE

Basow, William M, MD

375 E Horsetooth Rd
 Bldg 4 #101
 Fort Collins, 80525 226-0385
 LARIMER COUNTY MED. SOC.
 FAMILY PRACTICE

Beard, Donald Y, MD

1045 Robertson St
 Fort Collins, 80524 482-2515
 (H) 1216 Morgan
 Fort Collins, 80524 484-1371
 LARIMER COUNTY MED. SOC.
 PEDIATRICS
 ADOLESCENT MEDICINE

Bender, Edward L, MD

1212 E Elizabeth St
 Fort Collins, 80524 482-2791
 (H) 619 Skysail Ln
 Fort Collins, 80525 233-9440
 LARIMER COUNTY MED. SOC.
 FAMILY PRACTICE

Bentz, Steven D, MD

1006 Luke St
 Fort Collins, 80524
 LARIMER COUNTY MED. SOC.
 FAMILY PRACTICE

Bermingham, Roger P, MD

1500 S Lemay
 Fort Collins, 80524 490-4400
 (H) 2902 Wakonda Dr
 Fort Collins, 80521
 LARIMER COUNTY MED. SOC.
 FAMILY PRACTICE
 HYPNOSIS
 GERIATRICS

Berns, Barry R, MD

Kodak Colorado Div
 Bldg C-11
 Windsor, 80551 686-0350
 (H) 1008 Parkview Dr
 Fort Collins, 80525 221-0665
 LARIMER COUNTY MED. SOC.
 OCCUPATIONAL MEDICINE
 FAMILY PRACTICE
 ALCOHOL & DRUG ABUSE

Bliss, Robert J Sr, MD (Ret)

(H) PO Box 8596
 Fort Collins, 80524
 LARIMER COUNTY MED. SOC.
 FAMILY PRACTICE

Boehlke, Russell R, MD

1017 Robertson St
 Fort Collins, 80524 484-5322
 (H) 1924 Navajo Dr
 Fort Collins, 80525 484-0194
 LARIMER COUNTY MED. SOC.
 OPHTHALMOLOGY

Booth, Richard R, MD

1148 E Elizabeth St
 Fort Collins, 80524
 LARIMER COUNTY MED. SOC.
 PEDIATRICS
 HEMATOLOGY
 ONCOLOGY

Burnham, Linda A, MD

1217 E Elizabeth #3
 Fort Collins, 80524 482-3500
 (H) 1306 Whedbee
 Fort Collins, 80524
 LARIMER COUNTY MED. SOC.
 FAMILY PRACTICE

Bush, James F, MD

1021 Luke
 Fort Collins, 80524 484-6406
 (H) 613 Dartmouth Tr
 Fort Collins, 80525 493-2447
 LARIMER COUNTY MED. SOC.
 INTERNAL MEDICINE

Carlson, Hillis G, MD

1217 E Elizabeth St, #10
 Fort Collins, 80521 482-1671
 (H) 6510 WCR #86
 Fort Collins, 80524
 LARIMER COUNTY MED. SOC.
 FAMILY PRACTICE

Carroll, Charles A, MD (Ret)

(H) 1006 Akin Ave
 Fort Collins, 80521 482-9147
 LARIMER COUNTY MED. SOC.
 GENERAL PRACTICE
 INDUSTRIAL MEDICINE

Chiavetta, Thomas G, MD

1015 Robertson
 Fort Collins, 80524 482-6456
 (H) 1309 Teakwood
 Fort Collins, 80525 493-6393
 LARIMER COUNTY MED. SOC.
 GENERAL SURGERY

Christon, Margaret A, MD

1045 Robertson
 Fort Collins, 80524
 LARIMER COUNTY MED. SOC.
 PEDIATRICS

Cloyd, David G, MD

1136 E Stuart
 Fort Collins, 80525 493-5904
 (H) 512 Sanddollar Ct
 Fort Collins, 80525 223-5222
 LARIMER COUNTY MED. SOC.
 OB & GYNCOLOGY

Cochran, Thomas S Jr, MD

No CO Prof Serv Ltd
 1247 Riverside Ave #3
 Fort Collins, 80524
 (H) PO Box 1220
 Fort Collins, 80522
 LARIMER COUNTY MED. SOC.
 ANESTHESIOLOGY

- Codd, Richard L, MD**
1217 E Elizabeth St
Fort Collins, 80521 482-9662
(H) 1719 Country Club Rd
Fort Collins, 80524 482-0973
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Collins, Thomas J, MD**
PO Box 568
La Porte, 80535
(H) 2933 Wakonda
Fort Collins, 80521
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Compton, James F, MD**
1024 Lemay Ave
Dept Of Radiology
Fort Collins, 80524 490-4193
(H) 1412 Hillside Dr
Fort Collins, 80524 482-6275
LARIMER COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY
- Conlon, Robert M, MD**
1032 Luke St
Fort Collins, 80521 484-8686
(H) 725 East Elizabeth
Fort Collins, 80524 482-8025
LARIMER COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
ALLERGY
ALLERGY & IMMUNOLOGY
- Cook, Roger P, MD**
2001 S Shields
Fort Collins, 80526 484-0449
(H) 5206 Fossil Creek
Fort Collins, 80526 223-9659
LARIMER COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
- Cranor, John D, MD**
1221 E Elizabeth
Fort Collins, 80524
(H) 1130 Bent Tree Ct
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Cronin, John C, MD**
1801 Rangeview Dr
Fort Collins, 80521 484-2791
(H) 1801 Rangeview Dr
Fort Collins, 80524 484-2791
LARIMER COUNTY MED. SOC.
RADIOLOGY
- Curiel, Michael P, MD**
1240 Doctors Ln, #210
Fort Collins, 80524
(H) 1935 Lindenridge Dr
Fort Collins, 80524 484-6295
LARIMER COUNTY MED. SOC.
NEUROLOGY
- Curtis, Kenneth W Jr, MD**
Woodward Gov Co, PO 1519
Fort Collins, 80522 482-5811
(H) 939 Lochness Ct
Fort Collins, 80524 482-9163
LARIMER COUNTY MED. SOC.
AEROSPACE MEDICINE
- Davidson, James E, MD**
1221 E Elizabeth, #3
Fort Collins, 80524
(H) 936 Sailors Reef
Fort Collins, 80525 223-2798
LARIMER COUNTY MED. SOC.
RADIOLOGY
- Decker, John T, MD**
1024 Lemay Ave
Dept of Pathology
Fort Collins, 80524 482-4111
(H) 903 Valley View Rd
Fort Collins, 80524 484-9653
LARIMER COUNTY MED. SOC.
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY
- DeYoung, M T, MD**
1212 E Elizabeth St
Fort Collins, 80524 482-2791
(H) 13090 Red Feather La Rd
Livermore, 80536 493-5315
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Dieringer, Thomas M, MD**
CSU Student Hlth Ctr
Fort Collins, 80523 491-7121
LARIMER COUNTY MED. SOC.
ADOLESCENT MEDICINE
PEDIATRICS
- Dixon, Robert J, MD**
2551 W 84th Ave
Denver, 426-2020
(H) 1800 Seminole Dr
Fort Collins, 80525 223-8545
DIRECT CMS MEMBER
- Donnelley, Beverly E, MD**
1120 E Elizabeth, Bldg F
Fort Collins, 80524
(H) 4470 S Lemay Ave #509
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
OB & GYNECOLOGY
- Dudzinski, Paul J, MD**
1212 E Elizabeth St
Fort Collins, 80524 484-6700
(H) 3309 Canadian Pkwy
Fort Collins, 80524 493-0950
LARIMER COUNTY MED. SOC.
UROLOGICAL SURGERY
- Duhon, Samuel C Sr, MD**
373 W Drake Rd, #5
Fort Collins, 80526 223-3970
(H) 4841 Eldorado Spgs Dr
Boulder, 80303
LARIMER COUNTY MED. SOC.
ALLERGY
- Dupper, Harold H, MD (Ret)**
1217 E Elizabeth
Fort Collins, 80524 482-6374
(H) 3013 Conestoga Ct
Fort Collins, 80526 226-1319
LARIMER COUNTY MED. SOC.
GENERAL PRACTICE
- Elliott, Max A, MD**
1045 Robertson St
Fort Collins, 80524 482-2515
(H) 1831 Lakeshore Cir
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
PEDIATRICS
- Ellis, Robert H, MD**
1217 E Elizabeth St, #4
Fort Collins, 80524 484-3222
LARIMER COUNTY MED. SOC.
INTERNAL MEDICINE
GASTROENTEROLOGY
- Englund, Garth W, MD**
1024 Lemay Ave
Fort Collins, 80524 490-4183
LARIMER COUNTY MED. SOC.
PATHOLOGY
CLINICAL PATHOLOGY
ANATOMIC PATHOLOGY
- Fangman, Michael P, MD**
1240 Doctors Lane, #200
Fort Collins, 80524 493-6337
LARIMER COUNTY MED. SOC.
ONCOLOGY
HEMATOLOGY
INTERNAL MEDICINE
- Fonken, H A, MD**
1029 Luke St
Fort Collins, 80524 221-2222
(H) 1904 Navajo Dr
Fort Collins, 80525 484-1545
LARIMER COUNTY MED. SOC.
OPHTHALMOLOGY
- Gale, Scott A Jr, MD**
1217 Riverside Ave
Fort Collins, 80524 484-6989
LARIMER COUNTY MED. SOC.
GENERAL SURGERY
- Geppert, Margo J, MD**
375 E Horsetooth, Bldg 4
Fort Collins, 80525 226-0385
(H) 2416 Purdue Rd
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Gillespie, Elizabeth J, MD**
1543 Preston Tr
Fort Collins, 80525
(H) 1543 Preston Tr
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
ANESTHESIOLOGY
- Golub, Daniel E, MD**
1247 Riverside, #4
Fort Collins, 80524 484-9175
LARIMER COUNTY MED. SOC.
PEDIATRICS

FORT COLLINS

Gordon, Lee, MD			Henson, Stanley W Jr, MD			Irish, Margaret A, DO		
1136 E Stuart St			1015 Robertson St		482-6546	807 Foxtail		
Bldg 4 #104			Fort Collins, 80524			Fort Collins, 80524		
Fort Collins, 80525	221-2827		(H) 15 Forest Hills Ln		482-4817	LARIMER COUNTY MED. SOC.		
(H) 1268 Solstice Ln			Fort Collins, 80524					
Fort Collins, 80525	493-7066		LARIMER COUNTY MED. SOC.		GENERAL SURGERY			
LARIMER COUNTY MED. SOC.								
	HAND SURGERY							
Grant, Lee B Jr, MD			Hites, James D, MD			Jeffrey, Ransy L, MD		
1200 E Elizabeth St			(H) 904 Garfield St			1120 E Elizabeth St, Bldg F		493-7442
Fort Collins, 80524	493-0112		Fort Collins, 80524			Fort Collins, 80524		
(H) 1729 Linden Lake Rd			HONORARY MED. SOC.		FAMILY PRACTICE	(H) 807 Breakwater Dr		
Fort Collins, 80524	482-6485					Fort Collins, 80525		
LARIMER COUNTY MED. SOC.						LARIMER COUNTY MED. SOC.		
	ORTHOPEDIC SURGERY						OB & GYNCOLOGY	
Gunstream, Stanley R, MD			Hoffman, James F, MD			Jinich, Daniel B, MD		
1247 Riverside, #1			1025 Lemay St, #2		482-2948	1337 Riverside Dr		
Fort Collins, 80524	224-9102		Fort Collins, 80524			Fort Collins, 80524		484-4488
LARIMER COUNTY MED. SOC.			(H) 3526 Woodridge Rd		482-5611	LARIMER COUNTY MED. SOC.		
	INTERNAL MEDICINE		Fort Collins, 80524				FAMILY PRACTICE	
	PULMONARY DISEASES		LARIMER COUNTY MED. SOC.		INTERNAL MEDICINE			
Hamm, Robert M, MD			Hoffman, James F Jr, MD			Johnson, Richard W, MD		
2000 Boise			1025 Lemay, #2			1260 Doctors Ln		
Loveland, 80537	669-4640		Fort Collins, 80524		221-2755	Fort Collins, 80524		484-9027
(H) 720 E CR 30			(H) 1845 Kedron Cir			LARIMER COUNTY MED. SOC.		
Fort Collins, 80525			Fort Collins, 80524				INTERNAL MEDICINE	
LARIMER COUNTY MED. SOC.			LARIMER COUNTY MED. SOC.		CARDIOVASCULAR SURGERY			
	RADIOLOGY							
Hammond, Richard O, MD			Hohm, Richard A, MD			Johnson, Robert V, MD		
1313 Riverside Dr			1217 Riverside Ave			1200 E Elizabeth St		493-0112
Fort Collins, 80524			Fort Collins, 80524		221-4150	Fort Collins, 80524		
LARIMER COUNTY MED. SOC.			(H) 503 Spring Canyon Ct		223-1880	(H) 2 Forest Hills Ln		
	OPHTHALMOLOGY		Fort Collins, 80525			Fort Collins, 80524		
			LARIMER COUNTY MED. SOC.			LARIMER COUNTY MED. SOC.		
					GENERAL SURGERY		ORTHOPEDIC SURGERY	
					THORACIC SURGERY			
					VASCULAR SURGERY			
Harling, Mallory T, MD			Homburg, Robert C, MD			Jones, William A, MD		
1124 E Elizabeth St, Bldg C			1224 E Elizabeth		244-9508	1025 S Lemay Ave		
Fort Collins, 80524	221-2266		Fort Collins, 80524			Second Floor East Suite		493-3040
(H) 1124 E Elizabeth St, Bldg C			(H) 4218 Cape Cod Cir			Fort Collins, 80524		
Fort Collins, 80525			Fort Collins, 80525			(H) 1401 Parkwood Dr		
LARIMER COUNTY MED. SOC.			LARIMER COUNTY MED. SOC.			Fort Collins, 80525		
	OB & GYNCOLOGY				INTERNAL MEDICINE	LARIMER COUNTY MED. SOC.		PSYCHIATRY
Harper, Barry K, MD			Horstman, James K, MD			Justin, Ingrid M, MD		
1221 E Elizabeth, #4			1200 E Elizabeth			1337 Riverside Dr		484-4488
Fort Collins, 80524	484-1757		Fort Collins, 80524			Fort Collins, 80524		
LARIMER COUNTY MED. SOC.			(H) 1954 Sandalwood		484-6632	LARIMER COUNTY MED. SOC.		
	FAMILY PRACTICE		Fort Collins, 80526				FAMILY PRACTICE	
	MEDICAL EDUCATION		LARIMER COUNTY MED. SOC.					
	ADMINISTRATIVE MEDICINE				ORTHOPEDIC SURGERY			
Harvey, John S Jr, MD			Humphrey, Fred A, MD (Ret)			Kaiser, Dale C, MD		
1148 E Elizabeth St			837 Juniper Ln			1200 E Elizabeth St		493-0112
Sports Med Clinic			Fort Collins, 80526		482-3153	Fort Collins, 80524		
Fort Collins, 80524	484-4879		(H) 837 Juniper Ln		482-3153	LARIMER COUNTY MED. SOC.		
(H) 3724 Mariner Ln			Fort Collins, 80526				ORTHOPEDIC SURGERY	
Fort Collins, 80526	223-8592		LARIMER COUNTY MED. SOC.					
LARIMER COUNTY MED. SOC.					GENERAL PRACTICE			
	PEDIATRICS							
Haygood, Thomas A, MD			Humphrey, Robert N, MD			Kesler, Kelvin F, MD		
1120 E Elizabeth St, Bldg G			1301 Riverside Ave, #A		221-4410	1120 E Elizabeth St, Bldg F		493-7442
Fort Collins, 80524	493-7733		Fort Collins, 80524			Fort Collins, 80524		
LARIMER COUNTY MED. SOC.			(H) 1600 Linden Lake Rd			(H) 1124 Parkwood Dr		482-8217
	NEPHROLOGY		Fort Collins, 80524			Fort Collins, 80525		
	INTERNAL MEDICINE		LARIMER COUNTY MED. SOC.			LARIMER COUNTY MED. SOC.		
					FAMILY PRACTICE			
						Kieft, Larry D, MD		
						1136 E Stuart, #2100		493-5904
						Fort Collins, 80525		
						LARIMER COUNTY MED. SOC.		
							OB & GYNCOLOGY	

- Larson, Dennis G, MD**
1020 Luke St
Fort Collins, 80524 221-1000
(H) 3325 Canadian Pkwy
Fort Collins, 80524 221-3380
LARIMER COUNTY MED. SOC.
CARDIOLOGY
- Lopez, William Jr, MD**
1136 E Stuart, #2140
Fort Collins, 80524 221-3782
LARIMER COUNTY MED. SOC.
INTERNAL MEDICINE
- LoSasso, Carl J, MD**
1024 Lemay Ave
Fort Collins, 80524
LARIMER COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY
- Luckasen, Gary J, MD**
1100 E Elizabeth St, #1
Fort Collins, 80524 221-4241
(H) 600 Skysail Ln
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
CARDIOVASCULAR DISEASES
- Ludwin, Gary A, MD**
1120 E Elizabeth St, Bldg F
Fort Collins, 80524 493-7442
(H) 913 Chippewa Ct
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
OB & GYNECOLOGY
INFERTILITY
- Luttenegger, Thomas J, MD**
1024 Lemay
Dept Of Radiology
Fort Collins, 80524 482-2972
(H) 3248 Nelson Ln
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY
NUCLEAR RADIOLOGY
- Magsamen, B F, MD**
1200 E Elizabeth St
Fort Collins, 80524 493-0112
(H) 3805 S Centennial Dr
Fort Collins, 80526
LARIMER COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- Maloney, John D, MD**
1212 E Elizabeth St
Fort Collins, 80524 484-6700
(H) 3213 Shore Rd
Fort Collins, 80524
LARIMER COUNTY MED. SOC.
UROLOGICAL SURGERY
- Martin, Eva, MD**
1006 Robertson, #C
Fort Collins, 80524 221-2266
(H) 229 Whedbee
Fort Collins, 80524
LARIMER COUNTY MED. SOC.
OB & GYNECOLOGY
- Mays, James M, MD**
1337 Riverside, #3
Fort Collins, 80524
LARIMER COUNTY MED. SOC.
NEUROLOGY
- McElwee, Hugh P, MD**
1120 E Elizabeth St
Bldg G #1
Fort Collins, 80524 484-9773
(H) 5802 E Vine Dr
Fort Collins, 80524 482-0425
LARIMER COUNTY MED. SOC.
GASTROENTEROLOGY
- McGinnis, James G, MD**
1045 Robertson St
Fort Collins, 80524 482-2515
(H) 2308 Brookwood Dr
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
PEDIATRICS
- Mead, Daina C, MD**
1500 S Lemay
Fort Collins, 80524
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Merkel, Lawrence A, MD**
1006 Luke St
Fort Collins, 80524 221-2290
(H) 5311 Apple Dr
Fort Collins, 80526 223-3972
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Morgan, Alma R, MD**
1136 E Stuart St, 3-200
Fort Collins, 80525 221-4131
(H) 2701 Brookwood Ct
Fort Collins, 80525 223-3338
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Murray, Douglas M, MD (Ret)**
1200 E Elizabeth St
Fort Collins, 80524 493-0112
(H) 801 Commodore Pl
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- Murthy, Krishna C, MD**
1124 E Elizabeth St, #E
Fort Collins, 80524 221-2370
LARIMER COUNTY MED. SOC.
ALLERGY & IMMUNOLOGY
PEDIATRIC ALLERGY
- Nevrivy, Thomas, MD**
2001 S Shields, Bldg I
Fort Collins, 80526 221-5255
(H) 4413 Harpoon Ct
Fort Collins, 80525 226-3384
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Newlin, Carol M, MD**
1033 Robertson
Fort Collins, 80524 493-6667
LARIMER COUNTY MED. SOC.
PSYCHIATRY
- Norrie, Thomas K, MD**
1024 Lemay Ave
Fort Collins, 80524 482-4111
(H) 808 Garfield
Fort Collins, 80524
LARIMER COUNTY MED. SOC.
ANESTHESIOLOGY
- Norris, Andrew M, MD**
1025 Garfield St
Fort Collins, 80524 224-2020
(H) 900 E Ridgcrest
Fort Collins, 80524
LARIMER COUNTY MED. SOC.
OPHTHALMOLOGY
- O'Neill, John J, MD**
1224 E Elizabeth St
Fort Collins, 80524 493-6677
(H) 1409 Teakwood Dr
Fort Collins, 80525 484-7148
LARIMER COUNTY MED. SOC.
OBSTETRICS
GYNECOLOGY
GENERAL PRACTICE
INFERTILITY
NUTRITION
- Olivier, Brian D, MD**
1500 S Lemay
Fort Collins, 80524
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Olsen, Gerald M, MD**
1017 Robertson St
Fort Collins, 80524 484-5322
(H) 1229 Forest Hills Ln
Fort Collins, 80524 493-4734
LARIMER COUNTY MED. SOC.
OPHTHALMOLOGY
- Otteman, Merlin G, MD**
1015 Robertson St
Fort Collins, 80524 482-6456
(H) 1109 Newsom St
Fort Collins, 80524 484-2546
LARIMER COUNTY MED. SOC.
GENERAL SURGERY
- Patterson, Stuart A, MD**
(H) 2009 W Mulberry
Fort Collins, 80521
LARIMER COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY
- Pfeifer, Lyle M, MD**
1224 Doctors Ln
Fort Collins, 80524
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE

FORT COLLINS

Porter, Bruce M, MD 1027 Robertson St Fort Collins, 80524 (H) 2707 Williamsburg Ct Fort Collins, 80521 LARIMER COUNTY MED. SOC. OB & GYNECOLOGY	493-0433	Sable, David L, MD 1100 E Elizabeth St, #1 Fort Collins, 80524 (H) 3109 Shore Rd Fort Collins, 80524 LARIMER COUNTY MED. SOC. INTERNAL MEDICINE CARDIOVASCULAR DISEASES	221-4241	Sherwood, Robert W, MD 363 Jefferson St Fort Collins, 80524 LARIMER COUNTY MED. SOC. PUBLIC HEALTH	221-7460
Preble, Parker E, MD 1031 Robertson St Fort Collins, 80524 (H) 825 Commodore Pl Fort Collins, 80525 LARIMER COUNTY MED. SOC. PSYCHIATRY	484-2099	Sadler, Jackson L, MD (Ret) (H) 2230 Tanglewood Fort Collins, 80525 LARIMER COUNTY MED. SOC.	482-6986	Short, Rande K, MD 1221 E Elizabeth Fort Collins, 80524 (H) 1100 Oakmont Fort Collins, 80525 LARIMER COUNTY MED. SOC. FAMILY PRACTICE	
Rechnitz, Gary D, MD PO Box 9625 Fort Collins, 80525 LARIMER COUNTY MED. SOC. ANESTHESIOLOGY UNSPECIFIED	482-4111	Salimbeni, Julio C, MD 1024 Lemay Ave Fort Collins, 80524 (H) 1706 Collindale Fort Collins, 80525 LARIMER COUNTY MED. SOC. ANESTHESIOLOGY		Simmons, Robert A, MD 1120 E Elizabeth St Fort Collins, 80524 (H) 1120 E Elizabeth Fort Collins, 80524 LARIMER COUNTY MED. SOC. GASTROENTEROLOGY	484-9773 484-9773
Reid, John H, MD Poudre Valley Mem Hosp 1024 Lemay Fort Collins, 80524 (H) 2428 Westview Rd Fort Collins, 80524 LARIMER COUNTY MED. SOC. PATHOLOGY	482-4111 482-8104	Sands, Arthur C, MD 1217 E Elizabeth, #9 Fort Collins, 80524 (H) 831 Commodore Pl Fort Collins, 80525 LARIMER COUNTY MED. SOC. FAMILY PRACTICE INTERNAL MEDICINE		Singer, Charles J, MD 1024 Lemay Ave Fort Collins, 80524 (H) 1724 Glenwood Dr Fort Collins, 80526 LARIMER COUNTY MED. SOC. RADIOLOGY	484-8324
Repert, William B, MD 1024 Lemay Ave Fort Collins, 80524 (H) 1824 Lakeview Dr Fort Collins, 80524 LARIMER COUNTY MED. SOC. EMERGENCY MEDICINE	482-4111 493-6609	Sayers, C Paul, MD 1120 E Elizabeth Bldg G #2 Fort Collins, 80524 (H) 1301 Miramont Fort Collins, 80524 LARIMER COUNTY MED. SOC. DERMATOLOGY	484-6303 484-7526	Smith, Bruce M, MD 1032 Luke St Fort Collins, 80524 (H) 1700 Linden Lake Rd Fort Collins, 80524 LARIMER COUNTY MED. SOC. OTORHINOLARYNGOLOGY HEAD & NECK SURGERY FACIAL PLASTIC SURGERY MAXILLOFACIAL SURGERY OTOLOGY	484-6373
Roark, Richard D, MD 1217 E Elizabeth, #6 Fort Collins, 80524 (H) 1217 Buttonwood Dr Fort Collins, 80525 LARIMER COUNTY MED. SOC. FAMILY PRACTICE	221-4050 484-8665	Schmalhorst, Brian K, MD 1500 S Lemay Fort Collins, 80524 (H) 707 Countryside Dr Fort Collins, 80524 LARIMER COUNTY MED. SOC. FAMILY PRACTICE		Smith, Jerome I, MD 1221 E Elizabeth St, #4 Fort Collins, 80524 (H) 2013 Hunter Ct Fort Collins, 80525 LARIMER COUNTY MED. SOC. FAMILY PRACTICE	484-1757 493-5938
Rule, Ingrid K, MD 1500 Lemay Ave Fort Collins, 80524 (H) 2601 Raintree Dr Fort Collins, 80526 LARIMER COUNTY MED. SOC. FAMILY PRACTICE		Schmidt, Robert L, MD 123 Pearl Fort Collins, 80521 (H) 123 Pearl St Fort Collins, 80524 LARIMER COUNTY MED. SOC. GENERAL PRACTICE	482-1099 482-1099	Smith, Kirk M, MD 1224 E Elizabeth St Fort Collins, 80524 (H) 6920 S CR 11 Fort Collins, 80525 LARIMER COUNTY MED. SOC. PLASTIC SURGERY	493-9003
Rumley, A S, MD (Ret) (H) 1535 Remington St Fort Collins, 80524 LARIMER COUNTY MED. SOC. FAMILY PRACTICE INTERNAL MEDICINE PEDIATRICS		Seeton, James F, MD 1500 S Lemay Fort Collins, 80524 (H) 2909 S Centennial Dr Fort Collins, 80526 LARIMER COUNTY MED. SOC. FAMILY PRACTICE	490-4400	Snodderley, Paul L, MD Poudre Valley Hospital 1024 LeMay Fort Collins, 80524 (H) 5213 Mail Creek Ln Fort Collins, 80526 LARIMER COUNTY MED. SOC. EMERGENCY MEDICINE	482-4111
Rumley, Ruth Jones, MD (Ret) (H) 1535 Remington Fort Collins, 80524 LARIMER COUNTY MED. SOC.		Shachtman, William A, MD 1017 Robertson St Fort Collins, 80524 (H) 713 Breakwater Dr Fort Collins, 80525 LARIMER COUNTY MED. SOC. OPHTHALMOLOGY	484-5322	Sobel, Roger M, MD 1200 E Elizabeth St Fort Collins, 80524 (H) 1130 Cobblestone Ct Fort Collins, 80525 LARIMER COUNTY MED. SOC. ORTHOPEDIC SURGERY HAND SURGERY	493-0112 226-6432

- Standard, Peter J, MD**
1212 E Elizabeth
Fort Collins, 80524 221-1205
LARIMER COUNTY MED. SOC.
UROLOGICAL SURGERY
- Stephens, Floyd V Jr, MD**
1221 E Elizabeth St, #4
Fort Collins, 80524 484-1757
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Stevens, William W III, MD**
1029 Luke St
Fort Collins, 80524 221-2222
(H) 5339 Jonathan Ct
Fort Collins, 80526 226-6091
LARIMER COUNTY MED. SOC.
OPHTHALMOLOGY
- Stoddard, Andrew P, MD**
1217 E Elizabeth St, #10
Fort Collins, 80524 482-1671
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Sunthakar, Lena M, MD**
1302 S Shields
Fort Collins, 80521
(H) 1713 Hull
Fort Collins, 80526
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Thieman, William J, MD**
1217 E Elizabeth, #1
Fort Collins, 80524 484-7245
(H) 2921 Ringneck Dr
Fort Collins, 80526
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Thieszen, Milford E, MD**
1217 E Elizabeth St, #10
Fort Collins, 80524 482-1671
(H) 2112 Rolling Wood Dr
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Thode, Henry P Jr, MD (Ret)**
(H) 714 W Mountain Ave
Fort Collins, 80521 482-8577
LARIMER COUNTY MED. SOC.
GENERAL PRACTICE
- Thornton, William R, MD**
1017 Robertson St
Fort Collins, 80524 484-5322
(H) 1901 Kedron Ct
Fort Collins, 80524 493-7309
LARIMER COUNTY MED. SOC.
OPHTHALMOLOGY
FACIAL PLASTIC SURGERY
- Thorson, Steven J, MD**
1212 E Elizabeth St
Fort Collins, 80524 482-2791
(H) 637 Skysail Ln
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Tipplin, Steven B, MD**
2001 S Shields, Bldg I
Fort Collins, 80526 484-1757
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Turner, Daniel T, MD**
1024 Lemay Ave
Fort Collins, 80524 482-4111
(H) 11820 W CR 64 1/2
Greeley, 80631 686-2878
LARIMER COUNTY MED. SOC.
EMERGENCY MEDICINE
- Turner, Donn M, MD**
1313 Riverside Ave
Fort Collins, 80524 493-1292
(H) 4417 Picadilly Ct
Fort Collins, 80526
LARIMER COUNTY MED. SOC.
NEUROLOGICAL SURGERY
- Tutt, George O Jr, MD**
1247 Riverside Dr, #2
Fort Collins, 80524 221-5878
(H) 3015 Cortez St
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
GENERAL SURGERY
HEAD & NECK SURGERY
TUMOR SURGERY
TRAUMATIC SURGERY
- Unfug, Harry V, MD**
811 E Elizabeth
Fort Collins, 80524 482-4885
(H) 927 Pioneer Ave
Fort Collins, 80521
LARIMER COUNTY MED. SOC.
INTERNAL MEDICINE
- Updegraff, Jeffrey G, MD**
1404 Linden Lake Rd
Fort Collins, 80524 221-3208
(H) 1404 Linden Lake Rd
Fort Collins, 80524 221-3208
LARIMER COUNTY MED. SOC.
EMERGENCY MEDICINE
- Valley, George E, MD**
1006 Luke St
Fort Collins, 80524 221-2290
(H) 2249 Iroquois Dr
Fort Collins, 80525 484-4876
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Vanderschouw, Martin G, MD (Ret)**
523 W Magnolia
Fort Collins, 80521 221-0936
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Vedanthan, P K, MD**
1124 E Elizabeth St, #E
Fort Collins, 80524 221-2370
(H) 3405 Shore Rd
Fort Collins, 80524 493-5290
LARIMER COUNTY MED. SOC.
ALLERGY
ASTHMA
PEDIATRIC ALLERGY
ALLERGY & IMMUNOLOGY
- Voiles, J. David, MD**
1217 Riverside
Fort Collins, 80524 482-6800
LARIMER COUNTY MED. SOC.
CARDIOVASCULAR SURGERY
GENERAL SURGERY
- Voss, Richard G, MD**
1217 E Elizabeth St
Fort Collins, 80524 484-8677
(H) 4 Windjammer Cove
Fort Collins, 80524 482-6999
LARIMER COUNTY MED. SOC.
GYNECOLOGY
- Warson, James S, MD**
1313 Riverside Ave
Fort Collins, 80524 493-1292
(H) 1632 N Overland Tr
Fort Collins, 80521
LARIMER COUNTY MED. SOC.
NEUROLOGICAL SURGERY
- Weber, Susan J A, MD**
1500 S Lemay
Fort Collins, 80524
(H) 1237 W 8th St
Fort Collins, 80524
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Weil, Lawrence J, MD**
1024 Lemay
Fort Collins, 80525
(H) 327 Whedbee
Fort Collins, 80524 223-2510
LARIMER COUNTY MED. SOC.
EMERGENCY MEDICINE
- Wells, Donald B, MD**
1221 E Elizabeth St, #4
Fort Collins, 80524 484-1757
(H) 700 Sandpiper Point
Fort Collins, 80526 226-3279
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Wera, Thomas J, MD**
1045 Robertson St
Fort Collins, 80524 482-2515
(H) 2208 Vassar
Fort Collins, 80525 493-2218
LARIMER COUNTY MED. SOC.
PEDIATRICS

FORT COLLINS - FORT MORGAN

West, B Lynn, MD
1136 Stuart, #3240
Fort Collins, 80525 221-5795
(H) 2801 Fauborough
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
DERMATOLOGY

Williams, Linda L, MD
1224 Doctors Ln
Fort Collins, 80524
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE

Wirt, Timothy C, MD
1313 Riverside
Fort Collins, 80524 493-1292
(H) 3330 Pinehurst Pl
Fort Collins, 80525 226-0827
LARIMER COUNTY MED. SOC.
NEUROLOGICAL SURGERY

Wise, James K, MD
1015 Robertson St
Fort Collins, 80524 482-6456
(H) 840 Gregory Rd
Fort Collins, 80524 482-1396
LARIMER COUNTY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY

Woods, Susan E, MD
1217 Riverside
Fort Collins, 80524 482-6800
LARIMER COUNTY MED. SOC.
GENERAL SURGERY
VASCULAR SURGERY

Yemm, Stephen J, MD
1212 E Elizabeth
Fort Collins, 80524 482-2791
(H) 2430 Newport Ct
Fort Collins, 80526 482-8092
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE

FORT LUPTON, CO

Denegri, Alberto, MD
1115 2nd St
Fort Lupton, 80621 892-0004
(H) PO Box 33105
Denver, 80233
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE

Green, Deborah, MD
315 Park Ave
Fort Lupton, 80621 659-2094
(H) 222 S McKinley
Fort Lupton, 80621 857-4770
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE

Hattem, Albert R, MD
1115 2nd St
Fort Lupton, 80621 857-2771
(H) 1223 York St
Denver, 80206 892-0004
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE
PUBLIC HEALTH

Haveman, Craig N, MD
1115 2nd St
Fort Lupton, 80621
AURORA-ADAMS COUNTY MED. SOC.
INTERNAL MEDICINE

May, Andre' R, MD
1115 2nd
Fort Lupton, 80621 892-0004
(H) 6550-A E Bayaud
Denver, 80224 388-8616
DIRECT CMS MEMBER
INTERNAL MEDICINE

FORT LYON, CO

Hunter, Carol A, MD
VA Med Ctr
PO Box 68
Fort Lyon, 81038 456-1260
(H) 352 F
Fort Lyon, 81038 456-1475
OTERO COUNTY MED. SOC.
PSYCHIATRY

Scott, George E, MD
SE Colo Mental Hlth Ctr
711 Barnes Ave
La Junta, 81050 (719)384-5446
(H) 504 E C Street
Box 3-286
Fort Lyon, 81038 456-1299
OTERO COUNTY MED. SOC.
PSYCHIATRY

FORT MORGAN, CO

Collins, John A, MD
625 W Platte Ave, #A
Fort Morgan, 80701 867-4915
(H) 16148 CR 22
Fort Morgan, 80701 867-2551
MORGAN COUNTY MED. SOC.
GENERAL SURGERY

Goodman, Edward H, MD
2400 W Edison, #A
Brush, 80723 842-2833
(H) #6 Carrie Ct
Rolling Hills
Fort Morgan, 80701 867-6897
MORGAN COUNTY MED. SOC.
FAMILY PRACTICE

Houghan, Charles R, DO (Ret)
(H) 615 E Beaver Ave
Fort Morgan, 80701 867-5814
MORGAN COUNTY MED. SOC.
GENERAL PRACTICE

Jackson, Ham, MD
102 W 9th
Fort Morgan, 80701 867-5681
(H) 512 Prospect
Fort Morgan, 80701 867-6555
MORGAN COUNTY MED. SOC.
FAMILY PRACTICE

Kruglet, Donald G, MD
102 W 9th Ave
Fort Morgan, 80701 867-5681
(H) 300 Cheyenne
Fort Morgan, 80701 867-9505
MORGAN COUNTY MED. SOC.
FAMILY PRACTICE

Lindell, Kevin V, MD
220 E Beaver
PO Box 370
Fort Morgan, 80701 867-8221
(H) 905 Fremont
Fort Morgan, 80701 867-7549
MORGAN COUNTY MED. SOC.
FAMILY PRACTICE

Mellinger, William J, MD
102 W 9th Ave
Fort Morgan, 80701 867-5681
(H) 706 Aurora Pkwy
Fort Morgan, 80701
MORGAN COUNTY MED. SOC.
FAMILY PRACTICE

Overturf, Bruce R, MD
102 W 9th Ave
Fort Morgan, 80701 867-5681
(H) 803 Wilson Ave
Fort Morgan, 80701
MORGAN COUNTY MED. SOC.
FAMILY PRACTICE
GENERAL PRACTICE

Palu, Margaret E, MD
102 W 9th Ave
Fort Morgan, 80701 867-5681
(H) 431 Lake
Fort Morgan, 80701
MORGAN COUNTY MED. SOC.
FAMILY PRACTICE

FORT MORGAN - GLENWOOD SPRINGS

FRUITA, CO

Fawcett, Ronald A, MD
550 Patterson Rd
Grand Junction, 81501 243-8140
(H) 1983 River Rd
Fruita, 81521 (303)858-9395
MESA COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Huskey, Harlan B, MD
Box 308
206 E Aspen Ave
Fruita, 81521 858-3927
(H) 1441 Patterson Rd #303
Grand Junction, 81501
MESA COUNTY MED. SOC.
GENERAL PRACTICE
ANESTHESIOLOGY

Orr, Edwin R, MD
(H) 127 N Ash NBU 49
Fruita, 81521
MESA COUNTY MED. SOC.
GENERAL PRACTICE

GLENWOOD SPRINGS, CO

Burgert, Paul H, MD
1905 Blake, #201
Glenwood Springs, 81601 945-5414
MT. SOPRIS COUNTY MED. SOC.
FACIAL PLASTIC SURGERY
HEAD & NECK SURGERY
OTORHINOLARYNGOLOGY

Clifford, Robert K, MD
2001 Blake Ave
Glenwood Springs, 81601
MT. SOPRIS COUNTY MED. SOC.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

Derkash, Robert S, MD
2001 Blake Ave
Glenwood Springs, 81601 945-8683
(H) 512 Hyland Park Dr
Glenwood Springs, 81601 945-9702
MT. SOPRIS COUNTY MED. SOC.
HAND SURGERY
ORTHOPEDIC SURGERY

DeYoung, Roland W, MD
1906 Blake Ave
Glenwood Springs, 81601 945-8503
(H) 0322 Sunking Dr
Glenwood Springs, 81601
MT. SOPRIS COUNTY MED. SOC.
ANESTHESIOLOGY

Roberts, Emil L, DO
2401 W Northern Ave
Pueblo, 81004 (719)561-4853
(H) 317 E Park Ave
Fowler, 81039 (719)263-4202
OTERO COUNTY MED. SOC.
GENERAL PRACTICE

FRANKTOWN, CO

Worley, Bob S, MD
4045 Wadsworth Blvd
Wheat Ridge, 80033
(H) 581 Grey Squirrel Way
Franktown, 80116 341-5909
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
CRITICAL CARE MEDICINE

FRASER, CO

Tworoger, Fred A, MD
(H) PO Box 70
Fraser, 80442 726-5886
NORTHWESTERN COLORADO MED. SOC.
GYNECOLOGY

FRISCO, CO

Bachman, James J, MD
Box 738
Summit Med Ctr
Frisco, 80443 571-1616
(H) PO Box 611
Frisco, 80443 355-4390
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE

Flora, Mark S, MD
PO Box 738
Frisco, 80443 668-3300
(H) 235 E Rabbit Willowbrook
Dillon, 80435 468-5353
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE

Lackey, Charles W, MD
101 W Main St #103
PO Box 653
Frisco, 80443 668-5584
(H) 210 Aspen Dr PO 924
Frisco, 80443
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE

Morley, Alexander K III, MD
Summit Med Ctr
PO Box 738
Frisco, 80443 668-3300
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE

Richards, Robert B, MD (Ret)
(H) 727 Park St
Fort Morgan, 80701 867-2779
MORGAN COUNTY MED. SOC.
GENERAL PRACTICE
ALLERGY

Solt, Robert, MD
Drawer 370
Fort Morgan, 80701 867-8221
(H) 802 Karen St
Fort Morgan, 80701 867-8144
MORGAN COUNTY MED. SOC.
FAMILY PRACTICE

Thompson, Patrick L, MD
220 E Beaver Ave
PO Box 370
Fort Morgan, 80701 867-8221
(H) 17437 Hwy 34
Fort Morgan, 80701 867-2212
MORGAN COUNTY MED. SOC.
FAMILY PRACTICE

Wolz, John F, MD
625 W Platte Ave
Fort Morgan, 80701 867-4915
(H) 707 Carol
Fort Morgan, 80701
MORGAN COUNTY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY

Woodward, Paul E, MD
Box 370
Fort Morgan, 80701 867-8221
(H) 231 Lincoln
Fort Morgan, 80701 867-5279
MORGAN COUNTY MED. SOC.
GENERAL PRACTICE

FOUNTAIN, CO

Johnson, Thomas G, MD
Fountain Valley Fam Care
5195 Fontaine Blvd
Fountain, 80817 (719)392-2000
EL PASO COUNTY MED. SOC.
GENERAL PRACTICE

FOWLER, CO

McDonnell, Gerald E, MD (Ret)
(H) 33494 Hwy 167
Fowler, 81039 (719)263-4411
OTERO COUNTY MED. SOC.
GENERAL PRACTICE
FAMILY PRACTICE

GLENWOOD SPRINGS - GOLDEN

Feinsinger, Greg, MD
PO Box 907
Glenwood Springs, 81601
(H) 1606 Bennett
Glenwood Springs, 81601
MT. SOPRIS COUNTY MED. SOC.
FAMILY PRACTICE

Hostettler, David P, MD (Ret)
(H) 2426 Blake Ave
Glenwood Springs, 81601
MT. SOPRIS COUNTY MED. SOC.
FAMILY PRACTICE

Jacobs, Mary Jo, MD
1517 Blake Ave
PO Box 966
Glenwood Springs, 81602 945-8621
(H) PO Box 121
Glenwood Springs, 81602 945-8368
MT. SOPRIS COUNTY MED. SOC.
FAMILY PRACTICE

Lippman, Bruce D, MD
1905 Blake
Glenwood Springs, 81601
MT. SOPRIS COUNTY MED. SOC.
FAMILY PRACTICE

Maggiore, John R, MD
PO Box 907
Glenwood Springs, 81601
MT. SOPRIS COUNTY MED. SOC.
FAMILY PRACTICE

Morton, G Thomas, MD
1905 Blake Ave
Glenwood Springs, 81601
(H) 1487 CR 117
Glenwood Springs, 81601
MT. SOPRIS COUNTY MED. SOC.
INTERNAL MEDICINE

Nutting, Burtis E, MD (Ret)
Box 100
Glenwood Springs, 81602
(H) PO Box 100
Glenwood Springs, 81602
MT. SOPRIS COUNTY MED. SOC.

Nystrom, John S, MD
PO Box 1776
Glenwood Springs, 81602 945-7564
MT. SOPRIS COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

O'Donnell, James A, MD
410 20th St, #102
Glenwood Springs, 81601 945-2238
MT. SOPRIS COUNTY MED. SOC.
OB & GYNCOLOGY
INFERTILITY

Oakes, Frederick C Jr, MD
Valley View Hosp
1906 Blake Ave
Glenwood Springs, 81601 945-6535
(H) 0487 Sun King Dr
Glenwood Springs, 81601 945-7142
MT. SOPRIS COUNTY MED. SOC.
ANESTHESIOLOGY

Rodriguez, Jose L, MD
401 23rd St, #207
Glenwood Springs, 81601 945-9444
(H) 0105 Tanager Dr
Glenwood Springs, 81602
MT. SOPRIS COUNTY MED. SOC.
PLASTIC SURGERY
HAND SURGERY
FACIAL PLASTIC SURGERY
HEAD & NECK SURGERY
MAXILLOFACIAL SURGERY

Saliman, Alan E, MD
PO Box 907
Glenwood Springs, 81602
(H) 0016 Alpine Ct
Glenwood Springs, 81601
MT. SOPRIS COUNTY MED. SOC.
INTERNAL MEDICINE

Salmen, Paul A, MD
1905 Blake
Glenwood Springs, 81601
MT. SOPRIS COUNTY MED. SOC.
FAMILY PRACTICE

Schultz, Linda M, MD
Valley View Hosp
PO Box 1970
Glenwood Springs, 81601 945-6535
(H) 0492 CR 240
Glenwood Springs, 81601 945-5705
MT. SOPRIS COUNTY MED. SOC.
PEDIATRICS

Smith, Royal A, MD
PO Box 1776
Glenwood Springs, 81602 945-7093
MT. SOPRIS COUNTY MED. SOC.
RADIOLOGY

Steinbrecher, Jerry S, MD
PO Box 1970
Glenwood Springs, 81601 945-6535
(H) 1622 Bennett
Glenwood Springs, 81601
MT. SOPRIS COUNTY MED. SOC.
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY

Stirman, Jerry A, MD
410 20th St, #2-S
Glenwood Springs, 81601
(H) 0547 Sunny Acres Rd
Glenwood Springs, 81601
MT. SOPRIS COUNTY MED. SOC.
GENERAL SURGERY
VASCULAR SURGERY

Tomasso, Gerard I, MD
Drawer 907
Glenwood Springs, 81602 945-8503
(H) 4773 117 Rd
Glenwood Springs, 81601 945-4413
MT. SOPRIS COUNTY MED. SOC.
GASTROENTEROLOGY
INTERNAL MEDICINE

Viehe, Robert W Jr, MD (Ret)
(H) 525 Hyland Park Dr
Glenwood Springs, 81601 945-6789
MT. SOPRIS COUNTY MED. SOC.
GENERAL SURGERY

Weaver, James K, MD
2001 Blake Ave
Glenwood Springs, 81601 945-8683
(H) 1717 Noname Rd
Glenwood Springs, 81601 945-8879
MT. SOPRIS COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Weitzenkorn, Dan E, MD
410 20th St, #201
Glenwood Springs, 81601
MT. SOPRIS COUNTY MED. SOC.
OPHTHALMOLOGY

Yajko, R Douglas, MD
410 20th, #204
Glenwood Springs, 81601 945-6533
(H) 1121 Walz Ave
Glenwood Springs, 81601
MT. SOPRIS COUNTY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY
CARDIOVASCULAR SURGERY

GOLDEN, CO

Bahlman, Steven H, MD
8300 W 38th Ave
Wheat Ridge, 80033 425-2412
(H) 13790 W 30th Pl
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
ANESTHESIOLOGY

Birney, Janice L, MD
6169 S Balsam Way
Littleton, 80123 973-7771
(H) 17931 W 59th Ave
Golden, 80403
ARAPAHOE MED. SOC.
OTORHINOLARYNGOLOGY

Bjork, Floyd J, MD
792 Yank St
Golden, 80401 233-1911
(H) 792 Yank St
Golden, 80401 233-1911
CLEAR CREEK VALLEY MED. SOC.
OB & GYNCOLOGY

Bond, Marcus B, MD
1711 Arbutus St
Golden, 80401 232-7832
(H) 1711 Arbutus St
Golden, 80401
DENVER MED. SOC.
OCCUPATIONAL MEDICINE

Bruck, Edward F, MD
8383 W Alameda Ave
Lakewood, 80226 232-1885
(H) 21 Hess Ave
Golden, 80401
DENVER MED. SOC.
ORTHOPEDIC SURGERY

Bryson, Peter D, MD
Rt 5 Box 732-A
Golden, 80401 526-9200
DENVER MED. SOC.
TOXICOLOGY
INTERNAL MEDICINE
EMERGENCY MEDICINE

- Cantwell, Hendrika B, MD**
2200 W Alameda Ave
Denver, 80223 937-2951
(H) 24386 Currant Dr
Golden, 80401
DENVER MED. SOC. PEDIATRICS
- Capoot, Gerald D Jr, MD**
950 E Harvard Ave, #450
Denver, 80210 777-1337
(H) 1752 Montane Dr E
Golden, 80401
ARAPAHOE MED. SOC. OTORHINOLARYNGOLOGY
- Cattell, Richard B, MD**
4900 Cherry Creek S Dr, #1
Denver, 80222 758-2085
(H) 615 Chickadee Rd
Golden, 80401
DENVER MED. SOC. PSYCHOANALYSIS
PSYCHIATRY
- Clifford, Dennis P, MD**
8300 W 38th Ave
Wheat Ridge, 80033 425-2123
(H) 23538 Pondview Pl
Golden, 80401
DENVER MED. SOC. PULMONARY DISEASES
- Coonan, John E, MD**
8550 W 38th Ave, #300
Wheat Ridge, 80033 425-2800
(H) 1953 Columbine Ct
Golden, 80401
CLEAR CREEK VALLEY MED. SOC. INTERNAL MEDICINE
GASTROENTEROLOGY
- Coulter, Vicki L**
4940 Indiana St
Golden, 80403 279-1626
DENVER MED. SOC.
- Cox, William F Jr, MD**
8300 W 38th Ave
Pathology Dept
Wheat Ridge, 80033 425-2083
(H) 938 Coneflower Dr
Golden, 80401
CLEAR CREEK VALLEY MED. SOC. PATHOLOGY
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY
- Cromer, Roy, MD**
15450 W Archer Dr
Golden, 80401
(H) 15450 W Archer Dr
Golden, 80401
DENVER MED. SOC.
- Dahl, Carl R, MD**
8550 W 38th Ave, #300
Wheat Ridge, 80033 425-2800
(H) 23357 Fescue Dr
Golden, 80401 526-1739
CLEAR CREEK VALLEY MED. SOC. GASTROENTEROLOGY
- Dean, Carlton M, MD**
8350 W 38th Ave, #402
Wheat Ridge, 80033 421-4410
(H) 188 Chokecherry Rd
Golden, 80401 526-0053
CLEAR CREEK VALLEY MED. SOC. UROLOGICAL SURGERY
- Dennis, Douglas A, MD**
2005 Franklin St, #550
Denver, 80205 839-5383
(H) 865 Aster Way
Golden, 80401
DENVER MED. SOC. ORTHOPEDIC SURGERY
- Eccles, Ralph P, DO**
901 W 14th Ave, #7
Denver, 80204 595-8612
(H) 2990 Howell Rd
Golden, 80401 278-2565
DENVER MED. SOC. GERIATRICS
- Elzi, Richard L, MD**
1200 W 120th Ave
Denver, 80234 538-2222
(H) 2908 Kendrick
Golden, 80401
CLEAR CREEK VALLEY MED. SOC. GENERAL PRACTICE
- Evenson, E Harold, MD**
8350 W 38th Ave, #201
Wheat Ridge, 80033 421-3452
(H) 15284 W Bayaud Ct
Golden, 80401
CLEAR CREEK VALLEY MED. SOC. ORTHOPEDIC SURGERY
- Faris, Tanous D, MD**
1721 E 19th Ave, #520
Denver, 80218 861-4505
(H) 24304 Paragon Pl
Golden, 80401 526-9079
DENVER MED. SOC. GENERAL SURGERY
- Farrin, John C, MD**
(H) 1624 S Cold Spgs Glich Rd
Golden, 80401
DENVER MED. SOC. EMERGENCY MEDICINE
FAMILY PRACTICE
- Finkel, Richard S, MD**
2480 S Downing St, #250
Denver, 80210 777-5015
(H) 1680 Tamarac Dr
Golden, 80401
ARAPAHOE MED. SOC. NEUROLOGY
CHILD NEUROLOGY
- Fry, Thomas G, MD**
8550 W 38th Ave, #106
Wheat Ridge, 80033 425-2750
(H) 105 S Lupine St
Golden, 80401
CLEAR CREEK VALLEY MED. SOC. HAND SURGERY
- Furman, Joseph, MD**
Rockwell Int
PO Box 464
Golden, 80402 966-2594
(H) 10188 W Oregon Pl
Lakewood, 80226
CLEAR CREEK VALLEY MED. SOC. OCCUPATIONAL MEDICINE
- Gjellum, George R, MD PC**
17601 S Golden Rd
Golden, 80401 279-7844
(H) 2041 Mt Zion Dr
Golden, 80401 279-1181
CLEAR CREEK VALLEY MED. SOC. FAMILY PRACTICE
- Goad, Lloyd H, MD (Ret)**
(H) 2831 Sunset Dr
Golden, 80401 279-6458
CLEAR CREEK VALLEY MED. SOC. GENERAL PRACTICE
- Golub, Burton P, MD**
1919 S University Blvd
Denver, 80210 744-2701
(H) 1735 Foothills Dr S
Golden, 80401 526-1708
ARAPAHOE MED. SOC. INTERNAL MEDICINE
INFECTIOUS DISEASES
- Gray, Jan L, MD**
8805 W 14th Ave, #102
Lakewood, 80215 232-0602
(H) 23445 Blue Stem Dr
Golden, 80401 526-0127
CLEAR CREEK VALLEY MED. SOC. HEMATOLOGY
ONCOLOGY
- Halfen, David P, MD**
St Anthony Hosp
4231 W 16th Ave
Denver, 80204 629-3963
(H) 414 Gladiola St
Golden, 80401 279-8138
CLEAR CREEK VALLEY MED. SOC. ANESTHESIOLOGY
- Hannemann, Martin D, MD**
1550 S Potomac, #370
Aurora, 80012 251-1141
(H) 1664 Foothills Dr
Golden, 80401 526-1836
AURORA-ADAMS COUNTY MED. SOC. FAMILY PRACTICE
- Harrison, Martin R, MD**
2980 N Joyce Way
Golden, 80401
DIRECT CMS MEMBER ANESTHESIOLOGY

GOLDEN

Hersey, James Merrill, MD 13772 Denver W Pkwy Bldg 55 #100 Golden, 80401 CLEAR CREEK VALLEY MED. SOC. 279-6600 OPHTHALMOLOGY	Kadler, Karen M, MD 4999 E Kentucky, #200 Denver, 80222 758-1611 (H) 24977 Foothills Dr N Golden, 80401 DENVER MED. SOC. OPHTHALMOLOGY	Lindberg, James P, MD 1555 Clarkson St Denver, 80203 831-7171 (H) 1577 Shooting Star Dr Golden, 80401 DENVER MED. SOC. 526-1514 ORTHOPEDIC SURGERY
Hirose, Hideo, MD 8370 W 38th Ave, #201 Wheat Ridge, 80033 422-1388 (H) 14495 Foot Hill Rd Golden, 80401 DENVER MED. SOC. ORTHOPEDIC SURGERY	Kennison, Warren S, MD 2005 Franklin St, #310 Denver, 80205 839-5734 (H) 179 S Dekker Dr Golden, 80401 DENVER MED. SOC. PSYCHIATRY PSYCHOANALYSIS	Mains, Charles W, MD 2550 Youngfield St Lakewood, 80215 (H) 14776 W Byers Pl Golden, 80401 CLEAR CREEK VALLEY MED. SOC. GENERAL SURGERY THORACIC SURGERY
Hix, Ivan E Jr, MD 7837 W 38th Ave Wheat Ridge, 80033 237-8806 (H) 594 Chickadee Rd Golden, 80401 CLEAR CREEK VALLEY MED. SOC. OPHTHALMOLOGY	Klein, Russell C, MD 3276 Alkire Way Golden, 80401 279-7494 (H) 3276 Alkire Way Golden, 80401 DENVER MED. SOC. 278-4398 ANESTHESIOLOGY	Markovchick, Vincent J, MD Denver Gen Hosp Denver, 80204 893-7034 (H) 1825 Mt Zion Dr Golden, 80401 DIRECT CMS MEMBER 278-2297 EMERGENCY MEDICINE
Hodges, W Jeff, MD 1544 York St Denver, 80206 399-6731 (H) 15619 W Maple Dr #7-B Golden, 80401 DENVER MED. SOC. 277-0515 PATHOLOGY	Kreider, Larry W, MD 13772 Denver W Pkwy Bldg 55 #100 Golden, 80401 279-6600 (H) 14154 W 71st Pl Arvada, 80004 CLEAR CREEK VALLEY MED. SOC. OPHTHALMOLOGY	McGee, Hugh J Jr, MD 8300 W 38th Ave Pathology Dept Wheat Ridge, 80033 425-2083 (H) 2314 Foothills Dr S Golden, 80401 CLEAR CREEK VALLEY MED. SOC. 526-9054 PATHOLOGY
Hoffman, Richard E, MD 4210 E 11th Ave Denver, 80220 331-8331 (H) 23969 Montana Dr Golden, 80401 526-9509 DIRECT CMS MEMBER FAMILY PRACTICE GENERAL PREVENTIVE MED	Krichevsky, Paul, MD 255 Union Blvd, #300 Lakewood, 80228 986-9583 (H) 1551 S Genesee Ridge Rd Golden, 80401 CLEAR CREEK VALLEY MED. SOC. FAMILY PRACTICE	McInerney, John R Jr, MD 1224 Arapahoe St Golden, 80401 277-0780 (H) 511 N Ford St Golden, 80403 279-2255 CLEAR CREEK VALLEY MED. SOC. EMERGENCY MEDICINE GENERAL PRACTICE
Jeffers, Thomas M, MD 12001 W 63rd Pl Arvada, 80004 (H) 7794 Quartz Golden, 80403 467-9882 CLEAR CREEK VALLEY MED. SOC. FAMILY PRACTICE	Krieger, Gary R, MD 1626 Cole Blvd Golden, 80401 (H) 7332 Island Cir Boulder, 80301 530-7145 BOULDER COUNTY MED. SOC. INTERNAL MEDICINE OCCUPATIONAL MEDICINE	Meagher, David P Jr, MD 1010 E 19th Ave #405 Tammen Hall Denver, 80218 861-4871 (H) 17208 Rimrock Dr Golden, 80401 279-1532 DENVER MED. SOC. PEDIATRIC SURGERY
Johnson, Stephen D, MD 2005 Franklin St, #440 Denver, 80205 861-4680 (H) 2417 Daisy Ln Golden, 80401 526-0831 DENVER MED. SOC. NEUROLOGICAL SURGERY	Lightburn, John L, MD 303 Josephine St, #310 Denver, 80206 399-0754 (H) 1541 S Genesee Ridge Rd Golden, 80401 526-9648 DENVER MED. SOC. PSYCHIATRY	Mitcheltree, Robert G, MD 26404 Centennial Tr Golden, 80401 CLEAR CREEK VALLEY MED. SOC. ORTHOPEDIC SURGERY
Jones, Everette G, MD 1555 Clarkson St Denver, 80203 831-7171 (H) 1815 Foothills Dr S Golden, 80401 DENVER MED. SOC. GASTROENTEROLOGY INTERNAL MEDICINE	Lindauer-Gosik, Judith A, MD 14062 Denver W Pkwy Golden, 80401 279-7525 (H) 4635 Quail St Wheat Ridge, 80033 423-2541 CLEAR CREEK VALLEY MED. SOC. INTERNAL MEDICINE	Mozia, Nelson I, MD 8550 W 38th Ave, #205 Wheat Ridge, 80033 467-8957 (H) 15161 W Archer Dr Golden, 80401 CLEAR CREEK VALLEY MED. SOC. GENERAL SURGERY COLON & RECTAL SURGERY

GOLDEN

Myers, R Douglas, MD
2020 Wadsworth Blvd
Lakewood, 80215
(H) 1950 Zang St
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE

Olson, Robert H, MD
8370 W 38th Ave, #104
Wheat Ridge, 80033 422-9600
(H) 2330 Juniper Ct
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY

Papenfus, Kurt F, MD
4200 E 9th Ave
Denver, 80262
(H) 417 Perry Pkwy
Golden, 80403
DENVER MED. SOC.

Patridge, Mark F, MD
17601 S Golden Rd
Golden, 80401 278-4600
(H) 2009 Arapahoe
Golden, 80401 279-7595
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Polevoy, Ira S, MD
2020 Wadsworth Blvd, #6
Lakewood, 80215 232-7522
(H) 278 Alpine Rd
Golden, 80401
DIRECT CMS MEMBER
GENERAL SURGERY

Porreco, Richard P, MD
1900 Washington
Denver, 80203 860-9990
(H) 23486 Currant Dr
Golden, 80401
DENVER MED. SOC.
OBSTETRICS
MATERNAL & FETAL MEDICINE

Powell, Thomas T, MD
Rockwell International
Golden,
(H) 182 S Vance Ct
Lakewood, 80226 238-6175
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE

Raetz, David A, MD
4231 W 16th Ave
Radiology Dept
Denver, 80204
(H) 24375 Choche Cherry Ln Box 261
Golden, 80401 277-0784
CLEAR CREEK VALLEY MED. SOC.
RADIOLOGY

Roberts, Donald G, MD
11220 W Colfax Ave
Lakewood, 80215 238-8354
(H) 13190 West 16th Dr
Golden, 80401 237-8678
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE

Roller, Richard J, MD
4200 W Conejos Pl, #402
Denver, 80204 573-9951
(H) 13040 W 16th Dr
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
GASTROENTEROLOGY

Ross, Michael H, MD
9950 W 80th Ave, #27
Arvada, 80005 424-6466
(H) 1617 Shooting Starr Dr
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
OB & GYNCOLOGY

Ryan, Donald W, MD
6900 W Alameda Ave, #500
Lakewood, 80226 935-4681
(H) 2605 Cactus Cir
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
NEUROLOGY

Ryan, Sonia C, MD
6900 W Alameda Ave, #500
Lakewood, 80226 935-4681
(H) 2605 Cactus Cir
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
DERMATOLOGY
DERMATOPATHOLOGY

Saber, William L, MD
8859 Fox Dr, #200
Denver, 80221
(H) 24867 Foothills Dr N
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
HAND SURGERY
HEAD & NECK SURGERY
PLASTIC SURGERY

Sands, Gary P, DO
899 Logan
Denver, 80203 860-8500
(H) 1166 Preserve Cir
Golden, 80401 526-0309
DIRECT CMS MEMBER
INTERNAL MEDICINE

Sassano, Eugene, MD
4325 Harlan St
Wheat Ridge, 80033 424-7771
(H) 14230 Berry Cir
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE

Saunders, Daniel T, MD
9950 W 80th Ave, #27
Arvada, 80005
(H) 15160 W Archer Dr
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
OB & GYNCOLOGY

Seigel, Robert S, MD
4231 W 16th Ave
Denver, 80204
(H) 23776 Currant Dr
Golden, 80401 526-1629
CLEAR CREEK VALLEY MED. SOC.
RADIOLOGY

Silverberg, Stuart O, MD
8407 Bryant St
Westminster, 80030 429-2244
(H) 24036 Currant Dr
Golden, 80401 526-0354
CLEAR CREEK VALLEY MED. SOC.
GYNCOLOGY

Smith, Dale J, MD
950 E Harvard Ave, #460
Denver, 80210 744-1003
(H) 2300 Juniper Ct
Golden, 80401
ARAPAHOE MED. SOC.
INTERNAL MEDICINE

Smith, John P, MD
7867 W 38th Ave
Wheat Ridge, 80033 421-5393
(H) 2141 Elderberry Rd
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Spillmann, Scott J, MD
Coors Med Ctr
311 10th St
Golden, 80401
(H) 1974 Appaloosa Tr
Elizabeth, 80107 646-3174
DIRECT CMS MEMBER
OCCUPATIONAL MEDICINE

Stahl, Eric J, MD
1805 Kipling St
Lakewood, 80215
(H) 25724 Bristlecone Ct
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Stofac, Robert L, MD
13772 Denver W Pkwy
Bldg 55 #100
Golden, 80401 279-6600
(H) 10181 W Asbury Ave
Lakewood, 80227
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

Studebaker, Lynne R, MD
8200 E Bellevue Ave
E Tower #390
Englewood, 80111 770-5966
(H) 1439 S Lininger Dr
Golden, 80401
ARAPAHOE MED. SOC.
PEDIATRICS

GOLDEN - GRAND JUNCTION

Sykes, William M, MD
240 St Paul St, #305
Denver, 80206 321-1844
(H) 2141 Rockcross Way
Golden, 80401
DENVER MED. SOC.

CHILD PSYCHIATRY
PSYCHIATRY

Tegtmeier, Ronald E, MD
14062 Denver W Pkwy, #155
Golden, 80401 278-2600
CLEAR CREEK VALLEY MED. SOC.
PLASTIC SURGERY
FACIAL PLASTIC SURGERY
HAND SURGERY
MAXILLOFACIAL SURGERY

Tuft, Charles M, MD
601 E 19th, Emer Rm
Denver, 80203 869-2111
(H) 28450 Moss Rock Rd Rt 3
Golden, 80401
DIRECT CMS MEMBER
EMERGENCY MEDICINE

Weaver, Robert H, MD
1000 S Broadway
Denver, 80217 777-1315
(H) Box 1 El Rancho
Golden, 80401 526-9139
DENVER MED. SOC.
ADMINISTRATIVE MEDICINE
INDUSTRIAL MEDICINE

Weston, Eugene L, MD
2550 Youngfield St
Lakewood, 80215 233-6287
(H) 2761 Kendrick St
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
THORACIC SURGERY
GENERAL SURGERY
CARDIOVASCULAR SURGERY

Wheeler, Leonard, MD
8350 W 38th Ave, #406
Wheat Ridge, 80033 420-3131
(H) 16 S Holman Way #4F
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE

Wilkins, Ross M, MD
1830 Williams St
Denver, 80218 321-1333
(H) 25601 Centennial Tr
Golden, 80401
DENVER MED. SOC.
ORTHOPEDIC SURGERY

Williams, J Stewart, MD
PO Box 1856
Evergreen, 80439 674-7694
(H) 30773 Ruby Ranch Rd
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY

Wong, David A, MD
2005 Franklin St, #550
Denver, 80205 839-5383
(H) 24226 W Currant Dr
Golden, 80401 526-1910
DENVER MED. SOC.

ORTHOPEDIC SURGERY

Wright, W Lloyd, MD
Rocky Flats Plant
PO Box 464
Golden, 80402 966-5479
(H) 1215 16th St
Golden, 80401 279-1404
CLEAR CREEK VALLEY MED. SOC.
OCCUPATIONAL MEDICINE
FAMILY PRACTICE

Yocum, Harold A, MD
8550 W 38th Ave
Wheat Ridge, 80033 425-2750
(H) 3140 Alkire St
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY
HAND SURGERY

Zopf, Delvin L, MD
13772 Denver W Pkwy
Bldg 55 #100
Golden, 80401 279-6600
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

GRANBY, CO

Grossman, Terry A, MD
PO Box 397
Granby, 80446
(H) Box 102
Granby, 80446 887-2117
NORTHWESTERN COLORADO MED. SOC.
GENERAL PRACTICE

GRAND JUNCTION, CO

Axthelm, Stephen C, MD
1001 Wellington Ave
Grand Junction, 81501 243-0900
(H) 694 Cloverdale Dr
Grand Junction, 81506
MESA COUNTY MED. SOC.
GENERAL SURGERY

Barbero, J Fred, MD
St Mary's Hosp
Emergency Dept
Grand Junction, 81501 244-2551
(H) 827 26 Rd
Grand Junction, 81506 245-1813
MESA COUNTY MED. SOC.
EMERGENCY MEDICINE
FAMILY PRACTICE

Beaver, William C, MD (Ret)
(H) 696 Crestridge Dr
Grand Junction, 81506 242-8545
MESA COUNTY MED. SOC.
OPHTHALMOLOGY

Bechtel, Joel J, MD
790 Wellington Ave, #105
Grand Junction, 81501 245-4810
(H) 1923 Wingate Dr
Grand Junction, 81503
MESA COUNTY MED. SOC.
PULMONARY DISEASES
INTERNAL MEDICINE
CRITICAL CARE MEDICINE

Blakely, Charles A, MD
2525 N 8th St
Grand Junction, 81501 241-7444
(H) 229 Columbus Canyon Rd
Grand Junction, 81503
MESA COUNTY MED. SOC.
GENERAL SURGERY

Bonnet, Carol G, MD
515 Patterson Rd
Grand Junction, 81501
(H) 14 Chardonay Ct
Grand Junction, 81503
MESA COUNTY MED. SOC.
FAMILY PRACTICE

Bull, Heman R, MD
790 Wellington, #204
Grand Junction, 81501 243-0726
(H) 3150 N 12th
Grand Junction, 81506 243-1070
MESA COUNTY MED. SOC.
FAMILY PRACTICE

Bull, Malcolm I, MD
790 Wellington, #204
Grand Junction, 81501 241-0412
(H) 691 Myrtle Ln
Grand Junction, 81501
MESA COUNTY MED. SOC.
INTERNAL MEDICINE
ONCOLOGY

Burnbaum, Mitchell D, MD
2530 N 8th, #206
Grand Junction, 81501 243-9180
MESA COUNTY MED. SOC.
NEUROLOGY

Burns, Dorr H, MD
731 Bookcliff Ave
Grand Junction, 81501 242-0221
(H) 666 Larkspur Ln
Grand Junction, 81506
MESA COUNTY MED. SOC.
RADIOLOGY

Burrow, Maida L, MD
2323 N 7th St, #A
Grand Junction, 81501 242-0060
(H) 2024 Baseline
Grand Junction, 81503
MESA COUNTY MED. SOC.
DERMATOLOGY

Bush, Jerry O, MD 790 Wellington, #102 Grand Junction, 81501 (H) 2024 Baseline Dr Grand Junction, 81503 MESA COUNTY MED. SOC.	243-4747 243-5785	Dreher, William H, MD 403 Kennedy Ave Grand Junction, 81501 (H) 2207 Arrowhead Grand Junction, 81503 MESA COUNTY MED. SOC.	243-3300 245-1968	Fox, Robert H, MD 2530 N 8th, #201 Grand Junction, 81501 MESA COUNTY MED. SOC.	241-6990	NEUROLOGICAL SURGERY
	OPHTHALMOLOGY		NEPHROLOGY INTERNAL MEDICINE	Fritz, Thomas J, MD St Mary's Hospital Box 1628 Grand Junction, 81502 (H) 2638 Chestnut Dr Grand Junction, 81506 MESA COUNTY MED. SOC.	241-5445	PATHOLOGY
Cameron, Mercedes E, MD 2231 N 7th St Grand Junction, 81501243-1331 MESA COUNTY MED. SOC.	 FAMILY PRACTICE	Duffey, Daniel J, MD 1120 Wellington Grand Junction, 81501 (H) 2489 H Rd Grand Junction, 81506 MESA COUNTY MED. SOC.	CARDIOLOGY	Fulton, Richard E, MD 2530 N 8th, #101 Grand Junction, 81501 (H) 1556 Wellington Ave Grand Junction, 81501 MESA COUNTY MED. SOC.	241-9729 241-4406	RADIOLOGY
Clark, Darrel C, DO 1300 N 7th Grand Junction, 81501 (H) 615 Meander Dr Grand Junction, 81505 DIRECT CMS MEMBER	241-9675 242-7522	Duke, William F, MD St Mary's Hosp 7th & Patterson Grand Junction, 81501 (H) 2067 E 1/2 Road Grand Junction, 81503 DIRECT CMS MEMBER	244-2551 242-7577			
	GENERAL PRACTICE OB & GYNCOLOGY		EMERGENCY MEDICINE			
Clark, Darrel Christian, DO 1300 N 7th St Grand Junction, 81501 (H) 615 Meander Grand Junction, 81505 DIRECT CMS MEMBER	241-9675 242-7522	Duncan, Lester S Jr, MD 790 Wellington Ave, #102 Grand Junction, 81501 (H) 1033 Lakeside Dr Grand Junction, 81506 MESA COUNTY MED. SOC.	242-3854	Gabelman, Omer P, DO (Ret) 2173 Buffalo Dr Grand Junction, 81503 (H) 5300 SW 11th Pl Cape Coral, FL, 33904 MESA COUNTY MED. SOC.		OTORHINOLARYNGOLOGY ALLERGY ASTHMA IMMUNOLOGY RHINOLOGY
	FAMILY PRACTICE		OPHTHALMOLOGY			
Copeland, M Larry, DO 1060 Orchard Ave Grand Junction, 81501 (H) 636 19 1/2 Rd Grand Junction, 81503 MESA COUNTY MED. SOC.	245-0484	Dunn, James R, MD 601 Center Ave Grand Junction, 81501 (H) 725 26 Rd Grand Junction, 81501 MESA COUNTY MED. SOC.	242-3641	Gardner, Steven M, MD 1120 Wellington Ave, #206 Grand Junction, 81501 MESA COUNTY MED. SOC.	243-7245	ANESTHESIOLOGY
	ORTHOPEDIC SURGERY		FAMILY PRACTICE			
Crumbaker, Victor A, MD 403 Kennedy Ave Grand Junction, 81501 (H) 131 Santa Fe Dr Grand Junction, 81501 MESA COUNTY MED. SOC.	243-3300 243-2267	Elliott, Robert J, MD 654 Larkspur Ln, C-25 Grand Junction, 81506 (H) 654 Larkspur Ln Grand Junction, 81506 MESA COUNTY MED. SOC.	242-4263 242-4263	Gilman, Neal J, MD 2530 N 8th, #206 Grand Junction, 81501 MESA COUNTY MED. SOC.	243-9180	NEUROLOGY
	INTERNAL MEDICINE		ANESTHESIOLOGY	Golter, Lee B, MD 1120 Wellington Ave, #206 Grand Junction, 81501 MESA COUNTY MED. SOC.		ANESTHESIOLOGY
Degener, David F, MD St Mary's Hosp Path Dept Box 1628 Grand Junction, 81502 (H) 2320 Cypress Ct Grand Junction, 81506 MESA COUNTY MED. SOC.	244-2070	Fawcett, Ronald A, MD 550 Patterson Rd Grand Junction, 81501 (H) 1983 River Rd Fruita, 81521 MESA COUNTY MED. SOC.	243-8140 (303)858-9395			
	PATHOLOGY		ORTHOPEDIC SURGERY	Gould, Arch H, MD (Ret) 1034 Lakeside Dr Grand Junction, 81506 (H) 1034 Lakeside Dr Grand Junction, 81506 MESA COUNTY MED. SOC.		GENERAL PRACTICE
Dietel, David H, MD 1905 Monument Canyon Dr Grand Junction, 81503 DIRECT CMS MEMBER	EMERGENCY MEDICINE	Fisher, David P, MD 550 Patterson Rd Grand Junction, 81501 (H) 2611 Kelley Dr Grand Junction, 81501 MESA COUNTY MED. SOC.	243-8140	Hackett, Robert D, MD 2525 N 8th St, #202 Grand Junction, 81501 MESA COUNTY MED. SOC.	245-1168	OB & GYNCOLOGY INFERTILITY
Dirks, David W, MD 735 Bookcliff Ave Grand Junction, 81501 (H) 2638 Hickory Dr Grand Junction, 81506 MESA COUNTY MED. SOC.	245-1220 245-6209		ORTHOPEDIC SURGERY			
	FAMILY PRACTICE					

GRAND JUNCTION

Hall, Oliver E K, MD

790 Wellington, #204-A
Grand Junction, 81501 242-3535
(H) 3146 Lakeside Dr #306
Grand Junction, 81506
MESA COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Hall, Robert F, MD

790 Wellington, #204-A
Grand Junction, 81501 242-3535
MESA COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Hanna, Robert S, MD

2323 N 7th St
Grand Junction, 81501 241-9172
(H) 663 Roundhill Dr
Grand Junction, 81506 242-2856
MESA COUNTY MED. SOC.
OPHTHALMOLOGY

Hartshorn, Denzel F, MD

2525 N 8th St, #204
Grand Junction, 81501 245-2400
(H) 818 26 Rd
Grand Junction, 81506
MESA COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
MAXILLOFACIAL SURGERY
FACIAL PLASTIC SURGERY
BRONCHO-ESOPHAGOLOGY
ALLERGY

Hartshorn, Duane O

4200 E 9th Ave
Box A-054
Denver, 80262
(H) 818 26 Road #2
Grand Junction, 81506 243-9296
DENVER MED. SOC.

Heuscher, Enno F, MD

2525 N 8th St, #104
Grand Junction, 81501 241-1370
(H) 330 Mountain View Ct
Grand Junction, 81503
MESA COUNTY MED. SOC.
FAMILY PRACTICE

Holmes, Joshua J, MD

2245 Broadway
Grand Junction, 81503 243-1707
(H) 587 21 1/8 Rd
Grand Junction, 81503 241-3394
MESA COUNTY MED. SOC.
FAMILY PRACTICE

Huffaker, Richard C, DO

1212 Bookcliff Ave
Grand Junction, 81501 245-3333
(H) 1964 Chaparral Dr
Grand Junction, 81503
DIRECT CMS MEMBER
OTORHINOLARYNGOLOGY

Huskey, Harlan B, MD

Box 308
206 E Aspen Ave
Fruita, 81521 858-3927
(H) 1441 Patterson Rd #303
Grand Junction, 81501
MESA COUNTY MED. SOC.
GENERAL PRACTICE
ANESTHESIOLOGY

Irvin, Lewis A, MD

1300 N 7th, #4
Grand Junction, 81501 245-9800
(H) 2652 G 3/8 Rd
Grand Junction, 81501
MESA COUNTY MED. SOC.
OB & GYNECOLOGY

James, Lynn A, MD

520 Patterson Rd
Grand Junction, 81501 242-2136
(H) 308 Mayfair Dr
Grand Junction, 81501 242-9213
MESA COUNTY MED. SOC.
INTERNAL MEDICINE

Janson, Richard A, MD

1120 Wellington Ave
Grand Junction, 81501 243-6200
(H) 2180 Tovar Ct
Grand Junction, 81503 241-0213
MESA COUNTY MED. SOC.
PLASTIC SURGERY
HAND SURGERY
MAXILLOFACIAL SURGERY

Johnson, F Bing, MD

St Mary's Hosp
Dept Rad Box 1628
Grand Junction, 81502
DIRECT CMS MEMBER
RADIOLOGY

Jones, Paul B, MD

2525 N 8th St, #202
Grand Junction, 81501 245-1168
(H) 3410 Northridge Dr
Grand Junction, 81506 243-5245
MESA COUNTY MED. SOC.
OB & GYNECOLOGY

Keely, Marjorie L, MD

1100 Patterson Rd
Grand Junction, 81506
MESA COUNTY MED. SOC.
PHYSICAL MEDICINE & REHAB

Kelley, William A, MD

790 Wellington Ave, #105
Grand Junction, 81501 245-4810
(H) 2516 Snowmass Ct
Grand Junction, 81503 243-9115
MESA COUNTY MED. SOC.
PULMONARY DISEASES

Kempers, Glenn R, MD

1001 Wellington Ave
Grand Junction, 81501 243-0900
(H) 819 26 1/2 Rd
Grand Junction, 81506 242-5837
MESA COUNTY MED. SOC.
GENERAL SURGERY

Kingston, Richard A, DO

2232 N 7th St, #2
Grand Junction, 81501 245-3208
(H) 177 Little Park Rd
Grand Junction, 81503 245-7661
MESA COUNTY MED. SOC.
FAMILY PRACTICE

Klein, M G, MD

Box 1628
Grand Junction, 81502 244-2068
(H) 715 Victor Dr
Grand Junction, 81506
MESA COUNTY MED. SOC.
PATHOLOGY

Lepisto, Carl A, MD

1120 Wellington Ave
Grand Junction, 81501 242-8811
(H) 841 25 Rd
Grand Junction, 81505 245-1760
MESA COUNTY MED. SOC.
OPHTHALMOLOGY

Linnemeyer, Robert F, MD

1001 Wellington
Grand Junction, 81501 242-2462
(H) 636 Horizon Dr #602
Grand Junction, 81506
MESA COUNTY MED. SOC.
GENERAL SURGERY

Long, Aaron D, MD

St Mary's Hosp & Med Ctr
Box 1628
Grand Junction, 81502 244-2564
(H) 2405 Apricot Ct
Grand Junction, 81506
MESA COUNTY MED. SOC.
PATHOLOGY

Maclean, James E, MD

St Mary's Med Ctr
7th & Patterson
Grand Junction, 81501
(H) 2492 Sage Run Ct
Grand Junction, 81505 241-0774
MESA COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Madsen, Mark C, MD

729 Bookcliff Ave
Grand Junction, 81501 245-7573
(H) 551 Walnut St
Grand Junction, 81501
MESA COUNTY MED. SOC.
FAMILY PRACTICE

Magee, Archie E, MD

1120 Wellington, #206
Grand Junction, 81501 243-7245
(H) 819 27 1/4 Rd
Grand Junction, 81506
MESA COUNTY MED. SOC.
ANESTHESIOLOGY

Marasco, Paul B, MD (Ret)

670 Larkspur Ln
Grand Junction, 81506 242-4221
(H) 670 Larkspur Ln
Grand Junction, 81506
MESA COUNTY MED. SOC.
GENERAL PRACTICE

PRYOR, CARNEY AND JOHNSON

ATTORNEYS AND COUNSELORS AT LAW

Please see our ad in the front section.

771-6200

Maruca, Joseph, MD1120 Wellington Ave, #205
Grand Junction, 81501 243-2907

(H) 395 High Ridge Dr

Grand Junction, 81503

MESA COUNTY MED. SOC.

ENDOCRINOLOGY & METABOLISM

DIABETES

INTERNAL MEDICINE

Matchett, Kenneth M Jr, MD520 Patterson Rd
Grand Junction, 81501 242-2136

(H) 651 29 Rd

Grand Junction, 81501 243-4177

MESA COUNTY MED. SOC.

INTERNAL MEDICINE

ONCOLOGY

HEMATOLOGY

Mayer, David M, MD550 Patterson Rd
Grand Junction, 81501 243-8140

(H) 2480 Sage Run Ct

Grand Junction, 81505 245-4717

MESA COUNTY MED. SOC.

ORTHOPEDIC SURGERY

McDaniel, David B, MD2530 N 8th St, #101
Grand Junction, 81502 241-9729

(H) 2610 Kelly Dr

Grand Junction, 81501 243-9642

MESA COUNTY MED. SOC.

DIAGNOSTIC RADIOLOGY

McDaniel, Janice R, MD2610 Kelley Dr
Grand Junction, 81501

(H) 2610 Kelly Dr

Grand Junction, 81501 243-9642

DENVER MED. SOC.

PEDIATRICS

GENERAL PREVENTIVE MED

McFadden, Donna L, MD2211 N 7th
Grand Junction, 81501

(H) 2638 Chestnut Dr

Grand Junction, 81506

MESA COUNTY MED. SOC.

NEOPLASTIC DISEASES

Meacham, Stephen R, MD2525 N 8th St, #202
Grand Junction, 81501 245-1168

(H) 615 Viewpoint Dr

Grand Junction, 81501

MESA COUNTY MED. SOC.

OB & GYNCOLOGY

Meason, Thomas M Jr, MDSt Marys Hosp Emer Dept
7th & Patterson
Grand Junction, 81501 244-2551

(H) 650 Round Hill Dr

Grand Junction, 81506 243-7439

DIRECT CMS MEMBER

EMERGENCY MEDICINE

Merkel, William D, MD2525 N 8th St
Grand Junction, 81501 242-9127

(H) 2136 Banff Ct

Grand Junction, 81503

MESA COUNTY MED. SOC.

PLASTIC SURGERY

HAND SURGERY

FACIAL PLASTIC SURGERY

MAXILLOFACIAL SURGERY

HEAD & NECK SURGERY

Merrill, Joseph G, MD (Ret)(H) 2691 Kimberly Dr
Grand Junction, 81506 242-3476

MESA COUNTY MED. SOC.

GENERAL SURGERY

Miller, Thomas E, MD600 Center Ave
Grand Junction, 81501 243-7192

(H) 2640 Hickory Dr

Grand Junction, 81501 243-7166

MESA COUNTY MED. SOC.

PSYCHIATRY

Mohler, Philip J, MD735 Bookcliff Ave
Grand Junction, 81501 245-1220

(H) 2683 Continental Dr

Grand Junction, 81506

MESA COUNTY MED. SOC.

FAMILY PRACTICE

Moran, Patrick G, MD2211 N 7th St
Grand Junction, 81501 243-7260

(H) 623 26 Rd

Grand Junction, 81506 243-2076

MESA COUNTY MED. SOC.

INTERNAL MEDICINE

NEOPLASTIC DISEASES

MEDICAL EDUCATION

Nakano, Jeffrey M, MD790 Wellington, #204-A
Grand Junction, 81501 242-3535

MESA COUNTY MED. SOC.

ORTHOPEDIC SURGERY

Novak, Deborah W, MD1120 Wellington, #206
Grand Junction, 81501

MESA COUNTY MED. SOC.

ANESTHESIOLOGY

Pacini, Donald R, MD2530 N 8th, #203
Grand Junction, 81501 241-8433

(H) 743 Centauri Dr

Grand Junction, 81506 241-1730

MESA COUNTY MED. SOC.

CARDIOVASCULAR DISEASES

Painter, M Ray Jr, MD790 Wellington Ave, #202
Grand Junction, 81501 243-3061

(H) PO Box 2187

Grand Junction, 81502 243-8166

MESA COUNTY MED. SOC.

UROLOGICAL SURGERY

Paquette, Frederick R, MDSt Mary's Hospital
Box 1628
Grand Junction, 81502
MESA COUNTY MED. SOC.
RADIATION ONCOLOGY**Parker, Joseph J Jr, MD**725 Bookcliff Ave
Grand Junction, 81501

(H) 721 26 Rd

Grand Junction, 81506 243-2349

MESA COUNTY MED. SOC.

FAMILY PRACTICE

Patterson, William R, MD550 Patterson Rd
Grand Junction, 81506 243-8141

(H) 662 26 Rd

Grand Junction, 81506 242-8613

MESA COUNTY MED. SOC.

ORTHOPEDIC SURGERY

Patz, David S, MD790 Wellington, #105
Grand Junction, 81501
MESA COUNTY MED. SOC.
PULMONARY DISEASES
INTERNAL MEDICINE**Petersen, Warren A, MD**2339 N 7th St
Grand Junction, 81501 242-1362

(H) 501 Tiara Dr

Grand Junction, 81503 242-1198

MESA COUNTY MED. SOC.

GENERAL SURGERY

CARDIOVASCULAR SURGERY

THORACIC SURGERY

TUMOR SURGERY

PEDIATRIC SURGERY

Pinson, Ronald C, MD550 Patterson Rd
Grand Junction, 81501 243-8140

(H) 712 Golfmore Dr

Grand Junction, 81506 243-3652

MESA COUNTY MED. SOC.

ORTHOPEDIC SURGERY

Rashleigh, Perry L, MD790 Wellington Ave, #104
Grand Junction, 81501 242-7273

(H) 158 Wyndham Way

Grand Junction, 81503 243-7278

MESA COUNTY MED. SOC.

DERMATOLOGY

PATHOLOGY

Raso, Roland A, MD (Ret)(H) 3350 Star Ct
Grand Junction, 81506 242-3636

MESA COUNTY MED. SOC.

Ross, James R, MD1120 Wellington Ave
Grand Junction, 81501 243-2907

(H) 1939 Broadway

Grand Junction, 81503

MESA COUNTY MED. SOC.

INTERNAL MEDICINE

GRAND JUNCTION

Roy, Charles E, MD

790 Wellington Ave
Grand Junction, 81501 243-3061
(H) 2161 McKinley Ct
Grand Junction, 81503 245-0094
MESA COUNTY MED. SOC.
UROLOGICAL SURGERY

Ruybal, Jacob A Jr, MD

2231 N 7th St
Grand Junction, 81501 243-1331
MESA COUNTY MED. SOC.
FAMILY PRACTICE

Saccomanno, Geno, MD

Box 1628
Grand Junction, 81502 244-2066
(H) 778 26 1/2 Rd
Grand Junction, 81506
MESA COUNTY MED. SOC.
PATHOLOGY
ANATOMIC PATHOLOGY

Scott, William A, MD

1120 Wellington Ave
Grand Junction, 81501 241-0170
(H) 823 26 Rd
Grand Junction, 81501
MESA COUNTY MED. SOC.
ALLERGY

Shanks, W George, MD

1001 Wellington Ave
Grand Junction, 81501 243-0900
(H) 2606 Kelley Dr
Grand Junction, 81506 243-8656
MESA COUNTY MED. SOC.
GENERAL SURGERY

Shenk, Douglas C, MD

735 Bookcliff
Grand Junction, 81501 245-1220
MESA COUNTY MED. SOC.
FAMILY PRACTICE

Shenkel, Roger C, MD

735 Bookcliff Ave
Grand Junction, 81501 245-1220
(H) 3333 Music Ln
Grand Junction, 81506 242-6928
MESA COUNTY MED. SOC.
FAMILY PRACTICE

Sillix, Patrick A, DO

790 Wellington, #207
Grand Junction, 81501 243-1153
(H) 2687 Wilshire Ct
Grand Junction, 81506 243-5033
MESA COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Simons, Kenneth M, MD

790 Wellington Ave, #202
Grand Junction, 81501 243-3061
MESA COUNTY MED. SOC.
UROLOGICAL SURGERY

Simpson, George R, DO (Ret)

(H) 2688 G Road
Grand Junction, 81506
MESA COUNTY MED. SOC.
GENERAL SURGERY
GENERAL PRACTICE

Smith, G Paul, MD

520 Patterson Rd
Grand Junction, 81506 242-2136
(H) 656 Larkspur Ln
Grand Junction, 81506
MESA COUNTY MED. SOC.
INTERNAL MEDICINE
CARDIOLOGY

Smith, Ronald E, MD

1120 Wellington, #206
Grand Junction, 81501 243-7245
MESA COUNTY MED. SOC.
ANESTHESIOLOGY

Smith, Verne A, MD

PO Box 1628
Grand Junction, 81502 244-2448
(H) 2013 Overlook Dr
Grand Junction, 81505 243-5827
MESA COUNTY MED. SOC.
FAMILY PRACTICE

Snyder, Gary L, MD

1120 Wellington Ave
Grand Junction, 81501 245-6965
(H) 603 Wagon Trail Dr
Grand Junction, 81503
MESA COUNTY MED. SOC.
CARDIOVASCULAR DISEASES

Stevenson, Chester P, MD (Ret)

(H) 807 LaPaz Ct
Grand Junction, 81506 243-2752
MESA COUNTY MED. SOC.
INTERNAL MEDICINE
GERIATRICS

Stidham, Paul B, MD (Ret)

(H) 689 Crestridge Dr
Grand Junction, 81506 242-8447
MESA COUNTY MED. SOC.
UROLOGICAL SURGERY

Stiefler, Richard E, MD

PO Box 2048
Grand Junction, 81502 245-1500
(H) 635 Carlsbad
Grand Junction, 81503
MESA COUNTY MED. SOC.
DERMATOLOGY
PEDIATRICS
DERMATOPATHOLOGY

Thomas, B Lewis Jr, MD

1120 Wellington Ave, #206
Grand Junction, 81501 243-7245
(H) 1733 Crestview Dr
Grand Junction, 81506 241-4319
MESA COUNTY MED. SOC.
ANESTHESIOLOGY

Tice, Larry D, MD

2530 N 8th St, #201
Grand Junction, 81501
(H) 775 26 Rd
Grand Junction, 81501 241-7261
MESA COUNTY MED. SOC.
NEUROLOGICAL SURGERY

Towner, Thomas G, MD

2525 N 8th St
Grand Junction, 81501
(H) 840 26 1/2 Rd
Grand Junction, 81506
MESA COUNTY MED. SOC.
GASTROENTEROLOGY

Troy, Richard E, MD (Ret)

(H) 716 Daniel Dr
Grand Junction, 81501
MESA COUNTY MED. SOC.
PSYCHIATRY

Tupper, Harvey M, MD

(H) 3001 N 12th #11
Grand Junction, 81501 242-1940
MESA COUNTY MED. SOC.
GENERAL SURGERY

VanHardenbroek, Mechteld, MD (Ret)

205 Country Club Pk
Grand Junction, 81503 241-8554
MESA COUNTY MED. SOC.
GENERAL PRACTICE

Waldrop, William L, MD

2537 Rd G 3/8
Grand Junction, 81505 242-7284
(H) 2537 Rd G 3/8
Grand Junction, 81505
MESA COUNTY MED. SOC.
HAND SURGERY
ORTHOPEDIC SURGERY

Wanebo, C K, MD

790 Wellington Ave, #202
Grand Junction, 81501 243-3061
(H) 810 Mazatlan Dr
Grand Junction, 81506 243-8946
MESA COUNTY MED. SOC.
UROLOGICAL SURGERY

Ward, Bruce A, MD

Box 2007
Grand Junction, 81502 245-1658
(H) 736 Tulip Dr
Grand Junction, 81506
MESA COUNTY MED. SOC.
RADIOLOGY
NUCLEAR RADIOLOGY

Webel, Jacob, MD

1120 Wellington Ave
Grand Junction, 81501 245-6965
(H) 803 25 Rd
Grand Junction, 81505
MESA COUNTY MED. SOC.
CARDIOLOGY

West, David M, MD

729 Bookcliff Ave
Grand Junction, 81501 245-7573
(H) 2015 Hawthorne
Grand Junction, 81506 242-7475
MESA COUNTY MED. SOC.
FAMILY PRACTICE

Wilson, Bruce H, MD
2784 Crossroads Blvd
Grand Junction, 81506 243-7050
(H) 373 Ridges Blvd #213
Grand Junction, 81503 241-1194
MESA COUNTY MED. SOC.
INTERNAL MEDICINE

GREELEY, CO

Abbot, Stewart M, MD
2525 16th St, #C
Greeley, 80631
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

Adams, John C, MD
3400 16th St, #O
Greeley, 80631 351-6216
(H) 4919 12th St Rd
Greeley, 80634 351-6178
WELD COUNTY MED. SOC.
OPHTHALMOLOGY

Allely, James W, MD
1650 8th Ave
Greeley, 80631 352-7733
(H) 1637 Glenmere Blvd
Greeley, 80631
WELD COUNTY MED. SOC.
GENERAL PRACTICE

Allen, Brian J, MD
North CO Med Ctr
16th St & 17th Ave
Greeley, 80631 352-4141
WELD COUNTY MED. SOC.
EMERGENCY MEDICINE

Allen, Neil H, MD
2410 16th St
Greeley, 80631 352-6353
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

Anderson, Gilbert I, MD
1900 16th St
Greeley, 80631 353-1551
(H) 1607 Fairacres Dr
Greeley, 80631 352-0867
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

Anneberg, Spencer K, MD
1750 25th Ave, #307
Greeley, 80631 356-6172
WELD COUNTY MED. SOC.
PSYCHIATRY

Armbrust, Douglas W, MD
1624 17th Ave
Greeley, 80631 353-2040
(H) 3725 W 20th St
Greeley, 80634
WELD COUNTY MED. SOC.
RADIOLOGY

Artist, E J, MD
2020 16th St
Greeley, 80631 352-1045
(H) 1820 26th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
GENERAL SURGERY

Bagley, David L, MD
PO Box 67
Eaton, 80615 454-2296
(H) 2023 26th Ave
Greeley, 80631 330-6777
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Baldwin, Thomas E Jr, MD
2520 16th St
Greeley, 80631 356-2520
(H) 1239 49th Ave Ct
Greeley, 80634 353-6041
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Barber, Donn J, MD (Ret)
39 Ward Dr
Greeley, 80631 352-1045
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
PEDIATRICS

Blattner, Mary Austin, MD
Greeley Med Clinic
1900 16th St
Greeley, 80631 350-2434
(H) 1221 49th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
DERMATOLOGY

Blattner, Robert Elliott, MD
Greeley Med Clinic
1900 16th St
Greeley, 80631 350-2434
WELD COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Boelter, William C II, MD
1900 16th St
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

Brigham, Dwight P B, MD
1900 16th St
Greeley, 80631 353-1551
(H) 1838 Montview Blvd.
Greeley, 80631
WELD COUNTY MED. SOC.
PEDIATRICS

Burch, William D, MD
1900 16th St
Greeley, 80631 353-1551
(H) 1936 25th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
INTERNAL MEDICINE

Burket, Charles R, MD
1900 16th St
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

Bussey, Randy M, MD
2420 16th St
Greeley, 80631 352-9064
(H) 2414 27th Ave Ct
Greeley, 80631
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY
HAND SURGERY

Cash, Robert L, MD
1900 16th St
Greeley, 80631 353-1551
(H) 5219 W 11th St #1415
Greeley, 80634
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
PULMONARY DISEASES

Chesley, Charles C, MD
2520 16th St
Greeley, 80631 356-2520
(H) 1721 27th Ave
Greeley, 80631 356-2878
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Clark, Ronald D, MD
1630 17th Ave
Greeley, 80631 356-4488
(H) 1301 48th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
NEUROLOGICAL SURGERY

Clifford, Nathan J, MD
900 14th St
Greeley, 80631 353-4322
(H) 2102 28th Ave Ct
Greeley, 80631 330-7105
WELD COUNTY MED. SOC.
CARDIOVASCULAR DISEASES
INTERNAL MEDICINE

Cook, Donald E, MD
1900 16th St
Greeley, 80631 352-8304
(H) 1710 21st Ave
Greeley, 80631 352-0072
WELD COUNTY MED. SOC.
PEDIATRICS
ADOLESCENT MEDICINE

Cooper, John D, MD
1620 25th Ave
Greeley, 80631 356-2600
(H) 1611 37th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
PEDIATRICS

Corliss, Scott A, MD
1650 16th St
Greeley, 80631 356-2424
(H) 3804 W 12th St Dr
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Corona, Joseph A, MD
2020 16th St
Greeley, 80631 353-7666
(H) 3850 W 16th St Rd
Greeley, 80634 330-8166
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Crews, Jerry R, MD
2000 16th St, #5
Greeley, 80631 356-9844
(H) 6480 24th St
Greeley, 80634
WELD COUNTY MED. SOC.
NEUROLOGY

GREELEY

Cullen, John P, MD
3705 W 12th St
Greeley, 80634 351-7134
(H) 6050 26th St
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Cutshall, Richard C, MD
1624 17th Ave
Greeley, 80631 353-2040
(H) 5948 23rd St
Greeley, 80634
WELD COUNTY MED. SOC.
RADIOLOGY

Cutts, William B, MD
1900 16th St
The Greeley Clinic
Greeley, 80631 350-2437
(H) 1975 28th Ave #20
Greeley, 80631 351-0166
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
GERIATRICS

Daniels, Bernard T, MD (Ret)
(H) 4138 20th St Rd
Greeley, 80634 330-4137
DENVER MED. SOC.
GENERAL SURGERY

Davis, Windon H, MD
2607 10th St
Greeley, 80631 352-9165
(H) 2730 Buena Vista Dr
Greeley, 80631 330-4347
WELD COUNTY MED. SOC.
DERMATOLOGY

Derk, Thomas, MD
PO Box 5020
Greeley, 80631
WELD COUNTY MED. SOC.
ANESTHESIOLOGY

Detwiler, Floy E, MD
3705 W 12th St
Greeley, 80634
(H) 701 Elm
Windsor, 80550
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Dick, Milton L, MD
PO Box 3067
Greeley, 80633
(H) 2125 15th St
Greeley, 80631 356-3739
WELD COUNTY MED. SOC.
ANESTHESIOLOGY

Doxsee, George C, MD
PO Box 1706
Greeley, 80631 353-4073
(H) 1924 26th Ave Ct
Greeley, 80631 352-1984
WELD COUNTY MED. SOC.
ANESTHESIOLOGY

Dunn, Thomas R, MD
1900 16th St
Greeley Clinic
Greeley, 80631 353-1551
(H) 1923 15th St
Greeley, 80631
WELD COUNTY MED. SOC.
PEDIATRICS

Durand, Charles G III, MD
1900 16th St
Greeley, 80631
(H) 3907 W 14th St Rd
Greeley, 80634
WELD COUNTY MED. SOC.
RHEUMATOLOGY

Durand, Linda L S, MD
1900 16th St
Greeley, 80631
(H) 3907 W 14th St Rd
Greeley, 80634
WELD COUNTY MED. SOC.
PLASTIC SURGERY

Edwards, Stanley O, MD
2020 16th St
Greeley, 80631 351-7722
(H) 1871 Montview Blvd
Greeley, 80631 353-4687
WELD COUNTY MED. SOC.
INTERNAL MEDICINE

Fellers, Neal H, MD
Greely Medical Clinic
1900 16th St
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
PULMONARY DISEASES
CRITICAL CARE MEDICINE

Ferguson, Joe R III, MD
1661 18th Ave
Greeley, 80631 356-2424
(H) 1908 13th St
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Fink, Anthony G, MD
1900 16th St
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
PEDIATRICS

Flower, Thomas J, DO
2122 9th St
Greeley, 80631 356-7555
(H) 1331 N 1st Ave
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Foe, Elaine V, MD
Greeley Med Cln
1900 16th St
Greeley, 80631 350-2454
(H) 4006 15th St
Greeley, 80634 353-1634
WELD COUNTY MED. SOC.
OPHTHALMOLOGY

Foe, Richard B, MD
Greely Medical Clinic
1900 16th St
Greeley, 80631 353-1551
(H) 1357 43rd Ave #34
Greeley, 80634 352-1609
WELD COUNTY MED. SOC.
INTERNAL MEDICINE

Foulk, Arnold R Jr, MD
Greeley Medical Clinic
1900 16th St
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

Garren, Lauretta F, MD
2131 28th Ave Ct
Greeley, 80631
WELD COUNTY MED. SOC.

Gentry, Robert P, MD
2520 16th St
Greeley, 80631 356-2520
(H) 1717 14th St
Greeley, 80631 352-1343
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Gilmore, Bruce T, MD
2020 16th St
Surgical Assoc
Greeley, 80631 352-8216
(H) 1947 19th St
Greeley, 80631 353-8920
WELD COUNTY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY
TRAUMATIC SURGERY
AMBULATORY MEDICINE
TUMOR SURGERY

Groves, Fred B, MD
1900 16th St
Greeley, 80631 353-1551
(H) 1848 Reservoir Rd
Greeley, 80631 352-1174
WELD COUNTY MED. SOC.
GENERAL SURGERY

Ham, Anthony L, MD
1661 18th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Han, John S, MD
1701 23rd Ave, #H
Greeley, 80631
(H) 4715 W 11th St
Greeley, 80634
WELD COUNTY MED. SOC.
ANESTHESIOLOGY

Harms, Thomas L, MD Emergency Dept North CO Med Ctr Greeley, 80631 (H) PO Box 5239 Greeley, 80631 WELD COUNTY MED. SOC.	352-4121	Hutchins, Earl C, MD 2000 16th St Greeley, 80631 (H) 2101 26th Ave Greeley, 80631 WELD COUNTY MED. SOC.	356-0260	Kemme, Richard J, MD 1900 16th St Greeley, 80631 (H) 3514 Wagon Tr Rd Greeley, 80634 WELD COUNTY MED. SOC.	353-1551 330-5365
EMERGENCY MEDICINE		NEUROLOGY		ORTHOPEDIC SURGERY	
Hartley, Robert D, MD 1900 16th St Greeley, 80631 (H) 1848 Homestead Rd Greeley, 80634 WELD COUNTY MED. SOC.	350-2445	Jaouen, Richard M, MD 1640 25th Ave Greeley, 80631 (H) 1400 45th Ave Greeley, 80634 WELD COUNTY MED. SOC.	356-3449 356-9206	Kim, Kwi Sook, MD North CO Med Ctr 1801 16th St Greeley, 80631 (H) 6085 26th St Greeley, 80634 WELD COUNTY MED. SOC.	350-6970 ANESTHESIOLOGY
PEDIATRICS		PLASTIC SURGERY		ANESTHESIOLOGY	
Hearne, Diana L, MD 1661 18th Ave Greeley, 80631 WELD COUNTY MED. SOC.	FAMILY PRACTICE	Jennings, William H, MD 1900 16th St Greeley, 80631 WELD COUNTY MED. SOC.	353-1551	Kim, Yu Hong, MD North CO Med Ctr 1801 16th St Greeley, 80631 (H) 6085 26th St Greeley, 80634 WELD COUNTY MED. SOC.	350-6970 ANESTHESIOLOGY
FAMILY PRACTICE		INTERNAL MEDICINE ONCOLOGY HEMATOLOGY		ANESTHESIOLOGY	
Hesse, Eugene J, MD PO Box 929 125 Main St Lasalle, 80645 (H) 6180 W 24th St Greeley, 80631 WELD COUNTY MED. SOC.	284-6971 330-7620	Jobe, Charles T, MD 2420 16th St Greeley, 80631 (H) 2143 45th Ave Greeley, 80634 WELD COUNTY MED. SOC.	352-9064	Kiser, Rick E, MD 1900 16th St Greeley, 80631 (H) 2655 52nd Ave Ct Greeley, 80634 WELD COUNTY MED. SOC.	352-8304 330-5758 OB & GYNECOLOGY
FAMILY PRACTICE		ORTHOPEDIC SURGERY		OB & GYNECOLOGY	
Hewitt, Glenn O, MD 1624 17th Ave Greeley, 80631 (H) 2534 18th St Rd Greeley, 80631 WELD COUNTY MED. SOC.	353-2040 356-1058	Johnson, Roger M, MD 1770 25th Ave, #204 Greeley, 80631 (H) 1627 36 Ave Ct Greeley, 80634 WELD COUNTY MED. SOC.	353-2000	Kozloff, Stephen R, MD 2410 16th St Greeley, 80631 (H) 1936 15th Ave Greeley, 80631 WELD COUNTY MED. SOC.	352-6353 356-7664 OB & GYNECOLOGY
RADIOLOGY		PSYCHIATRY		OB & GYNECOLOGY	
Hiratzka, Paul S, MD 2410 16th St Greeley, 80631 WELD COUNTY MED. SOC.	352-6353	Kading, Steven O, MD 1900 16th St Greeley, 80631 WELD COUNTY MED. SOC.	353-1351	Kuykendall, Fred D, MD (Ret) (H) 4550 Pioneer Ln Greeley, 80634 WELD COUNTY MED. SOC.	352-6329 GENERAL PRACTICE
OB & GYNECOLOGY		INTERNAL MEDICINE GASTROENTEROLOGY		GENERAL PRACTICE	
Humphries, Patricia B, MD 1900 16th St Greeley, 80631 WELD COUNTY MED. SOC.	350-2434	Kahn, Robert J, MD 1624 17th Ave Greeley, 80631 (H) 1917 25th Ave Greeley, 80631 WELD COUNTY MED. SOC.	353-2040	Lembitz, Alan M, MD 1900 16th St Greeley, 80631 (H) 1022 19th Ave Greeley, 80631 WELD COUNTY MED. SOC.	356-2424 FAMILY PRACTICE
DERMATOLOGY		RADIOLOGY		FAMILY PRACTICE	
Humphries, William C Jr, MD 1900 16th St Greeley, 80631 WELD COUNTY MED. SOC.	350-2444	Kaliasam, Velusamy, MD 1018 14th Greeley, 80631 (H) 4204 W 21st St Rd Greeley, 80634 WELD COUNTY MED. SOC.		Lembitz, Deanne D, MD 1650 16th St Greeley, 80631 (H) 1022 19th Ave Greeley, 80631 WELD COUNTY MED. SOC.	
CARDIOVASCULAR DISEASES		ALLERGY & IMMUNOLOGY		FAMILY PRACTICE	
Hunter, Brett P, MD 2420 16th St Greeley, 80631 (H) 1942 27th Ave Greeley, 80631 WELD COUNTY MED. SOC.	352-9064 353-6478			Leppla, Leslie A, MD 2000 16th St Greeley, 80631 WELD COUNTY MED. SOC.	356-3993 GENERAL PRACTICE
ORTHOPEDIC SURGERY				GENERAL PRACTICE	
Hurst, John G, MD North CO Med Ctr 16th St & 17th Ave Greeley, 80631 (H) 1811 Glenmere Blvd Greeley, 80631 WELD COUNTY MED. SOC.	350-6244 353-6550				
EMERGENCY MEDICINE					

GREELEY

- Lim, Meng Lai, MD**
1716 15th St
Greeley, 80631 350-6680
(H) 4103 13th St
Greeley, 80634 356-2385
WELD COUNTY MED. SOC.
THERAPEUTIC RADIOLOGY
ONCOLOGY
- (Lininger, Thomas R, MD)**
1900 16th St
Greeley, 80631 350-2410
(H) 1906 Homestead Rd
Greeley, 80634
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
ONCOLOGY
- Lower, Dennis L, MD**
1900 16th St
Greeley, 80631 352-8304
(H) 1236 42nd Ave
Greeley, 80634 353-9776
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
- Mangum, William K, MD**
2020 16th St
Greeley, 80631 352-8216
(H) 1108 49th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
GENERAL SURGERY
TRAUMATIC SURGERY
THORACIC SURGERY
TUMOR SURGERY
COLON & RECTAL SURGERY
- Marsh, Randall C, MD**
1900 16th St
Greeley, 80631 353-1551
(H) 1914 19th Ave
Greeley, 80631 356-3111
WELD COUNTY MED. SOC.
CARDIOLOGY
- McCall, Janis R, MD**
2520 16th St
Greeley, 80631
(H) 1421 40th Ave
Greeley, 80634
OTERO COUNTY MED. SOC.
FAMILY PRACTICE
- McDivitt, Robert B, MD**
902 14th St
Greeley, 80631 353-5410
(H) 2631 12th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
GENERAL SURGERY
- McVicker, John H, MD**
1630 17th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
NEUROLOGICAL SURGERY
- Mills, John W, MD**
North CO Med Ctr
Greeley, 80631 350-6726
(H) 6 Dos Rios
Greeley, 80631
WELD COUNTY MED. SOC.
PATHOLOGY
- Mogab, John C, MD**
PO Box 3067
Greeley, 80633 356-1316
(H) 1122 50th Ave
Greeley, 80634 356-6598
WELD COUNTY MED. SOC.
ANESTHESIOLOGY
- O'Neal, Jean P, MD**
2410 16th St
Greeley, 80631 352-6353
WELD COUNTY MED. SOC.
OB & GYNCOLOGY
- Oelrich, Carl D, MD (Ret)**
2543 Highland Rd
Greeley, 80631 353-7580
(H) 2543 Highland Rd
Greeley, 80631 353-7580
WELD COUNTY MED. SOC.
GENERAL PRACTICE
- Olds, Kenneth M, MD**
2520 16th St
Greeley, 80631 356-2520
(H) 1212 50th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE
- Osborne, Richard B, MD**
Greeley Med Clinic
Greeley, 80631 353-1551
(H) 2500 W 20th St Rd
Greeley, 80631
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
- Pace, R Scott, MD**
1900 16th St
Greeley, 80631 353-1551
(H) 4227 17th St
Greeley, 80634
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
ALLERGY & IMMUNOLOGY
- Parkhurst, Aaron E, MD**
2420 16th St
Greeley, 80631 352-9064
(H) 2007 26th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- Paul, Allan L, MD**
1650 16th St
Greeley, 80631 356-2424
(H) 2519 14th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE
- Peetz, Michael E, MD**
1900 16th St
Greeley Clinic
Greeley, 80631 353-1551
(H) 1855 Frontier Rd
Greeley, 80634
WELD COUNTY MED. SOC.
GENERAL SURGERY
- Peetz, Shelley L, MD**
3705 12th St
Greeley, 80633
(H) 1855 Frontier Rd
Greeley, 80634
WELD COUNTY MED. SOC.
ANESTHESIOLOGY
- Peterson, James H, MD**
2528 16th St
Greeley, 80631 356-4646
(H) 5 Dos Rios
Greeley, 80634 330-6496
WELD COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
- Peterson, Keith E, MD**
2528 16th St
Greeley, 80631 356-4646
(H) 1902 Homestead Rd
Greeley, 80634 330-0842
WELD COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
- Phelps, Herschel R, MD**
1323 Harlow Ln, #2
Loveland, 80537
(H) 3542 Wagon Tr Rd
Greeley, 80634
WELD COUNTY MED. SOC.
OPHTHALMOLOGY
- Porter, Robert T, MD (Ret)**
(H) 2147 Glen Fair Dr
Greeley, 80631 353-4040
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
- Purdie, Frank R, MD**
North CO Med Ctr
1801 16th St
Greeley, 80631 350-6244
(H) 3531 Wagon Tr Rd
Greeley, 80634 330-9119
WELD COUNTY MED. SOC.
EMERGENCY MEDICINE
- Quinn, Richert E Jr, MD**
Greeley Med Ctr
1900 16th St
Greeley, 80631 350-2426
(H) 1845 Homestead Rd
Greeley, 80634 330-7198
WELD COUNTY MED. SOC.
GENERAL SURGERY

Rademacher, Donald R, MD 1900 16th The Greeley Med Clinic Greeley, 80631 WELD COUNTY MED. SOC. INTERNAL MEDICINE NEPHROLOGY	353-1551	Sisson, Earl M, MD 1620 25th Ave Greeley, 80631 (H) 3950 W 12th St Greeley, 80634 WELD COUNTY MED. SOC. PEDIATRICS	352-3117	Thompson, Keith E, MD 3705 W 12th St Greeley, 80634 WELD COUNTY MED. SOC. GENERAL SURGERY THORACIC SURGERY CARDIOVASCULAR SURGERY COLON & RECTAL SURGERY TUMOR SURGERY	352-8216
Rangel, Keith A, MD 1028 5th Ave Greeley, 80631 WELD COUNTY MED. SOC. FAMILY PRACTICE	353-9403	Smith, Hubbard W, MD 1900 16th St Greeley, 80631 (H) 3538 Wagon Tr Rd Greeley, 80634 WELD COUNTY MED. SOC. INTERNAL MEDICINE	353-1551	Troop, Thomas G, MD 1661 18th Ave Greeley, 80631 WELD COUNTY MED. SOC.	
Ringel, Marc, MD 1650 16th St Greeley, 80631 WELD COUNTY MED. SOC. FAMILY PRACTICE	356-2424	Smith, Myron C, MD North CO Med Ctr Greeley, 80631 (H) 2250 64th Ave Greeley, 80634 WELD COUNTY MED. SOC. PATHOLOGY	350-6724 330-9104	Turner, Daniel T, MD 1024 Lemay Ave Fort Collins, 80524 (H) 11820 W CR 64 1/2 Greeley, 80631 LARIMER COUNTY MED. SOC. EMERGENCY MEDICINE	482-4111 686-2878
Rome, Clifford J, MD 1900 16th St Greeley, 80631 (H) 2005 24th St Greeley, 80631 WELD COUNTY MED. SOC. ORTHOPEDIC SURGERY	353-1551 353-1551	Song, Yo-Jun, MD 1501 11th Greeley, 80631 (H) 6150 W 24th St Greeley, 80634 WELD COUNTY MED. SOC. ANESTHESIOLOGY	356-0581	Vanetti, Carol S, MD 1801 16th St Greeley, 80631 (H) PO Box 3237 Greeley, 80633 WELD COUNTY MED. SOC. EMERGENCY MEDICINE	352-4121
Schaumburg, Edward G Jr, MD 1624 17th Ave Greeley, 80631 (H) 3550 Rangeview Rd Greeley, 80634 WELD COUNTY MED. SOC. RADIOLOGY	353-2040 330-1538	Stahlman, Richard L 2520 16th St Greeley, 80631 (H) 1404 40th Ave Greeley, 80634 WELD COUNTY MED. SOC. FAMILY PRACTICE		VanVooren, James S, MD 1650 16th St Greeley, 80631 (H) 812 44th Ave Greeley, 80634 WELD COUNTY MED. SOC. FAMILY PRACTICE	356-2424 356-3465
Schwartz, Jeffrey C, MD 1801 16th St Greeley, 80631 WELD COUNTY MED. SOC. EMERGENCY MEDICINE		Stanton, Michael W, MD 1802 16th St, #1 Greeley, 80631 (H) 1751 38th Ave Greeley, 80634 WELD COUNTY MED. SOC. CARDIOVASCULAR SURGERY	351-6044	Venbrux, Henry J, MD 1801 16th Greeley, 80631 (H) 1845 25th Ave Greeley, 80631 WELD COUNTY MED. SOC. PATHOLOGY	352-4121
Shore, Roy H, MD 900 14th St Greeley, 80631 (H) 1877 39th Ave Greeley, 80634 WELD COUNTY MED. SOC. INTERNAL MEDICINE	353-4322 330-4474	Stoughton, John W, MD 1661 18th Ave Greeley, 80631 (H) 610 38th Ave Greeley, 80634 WELD COUNTY MED. SOC. FAMILY PRACTICE		Volk, John W, MD 1650 16th St Greeley, 80631 (H) 3723 W 8th St Greeley, 80634 WELD COUNTY MED. SOC. FAMILY PRACTICE	
Shwayder, Reynold I, MD 1433 Birch Ave Greeley, 80631 (H) 1433 Birch Ave Greeley, 80631 WELD COUNTY MED. SOC. FAMILY PRACTICE GENERAL PRACTICE ALCOHOL & DRUG ABUSE	352-0575 352-0575	Sullivan, Patrick J, MD 1601 25th Ave Greeley, 80631 (H) 1867 39th Ave Greeley, 80634 WELD COUNTY MED. SOC. UROLOGICAL SURGERY	353-4085	Watt, John E, MD 3400 16th St Bldg 5 Suite W Greeley, 80631 (H) 1863 13th Ave Greeley, 80631 WELD COUNTY MED. SOC. INTERNAL MEDICINE ENDOCRINOLOGY & METABOLISM	352-8304 353-3282
Sills, Theron G, MD 2020 16th St Greeley, 80631 (H) 3737 W 20th St Greeley, 80634 WELD COUNTY MED. SOC. PSYCHIATRY & NEUROLOGY	352-4284	Summerson, Donald J, MD (Ret) (H) 25 Alles Dr Greeley, 80631 WELD COUNTY MED. SOC. OB & GYNECOLOGY	353-3680	Weaver, John A Jr, MD 39 Ward Dr, #101 Greeley, 80634 WELD COUNTY MED. SOC. GENERAL PRACTICE	352-6898

GREELEY - HAXTUN

Weeks, Jeffrey B, MD

3400 16th St, #P
Greeley, 80631 356-4040
(H) 1911 25th Ave
Greeley, 80631 356-1098
WELD COUNTY MED. SOC.
OPHTHALMOLOGY

Weil, Jerry, MD

North CO Med Ctr
Greeley, 80631 350-6727
(H) 1404 23rd Ave Ct
Greeley, 80631 353-2630
WELD COUNTY MED. SOC.
CLINICAL PATHOLOGY
ANATOMIC PATHOLOGY

Welch, John R, MD

1500 16th Ave Ct
Greeley, 80631 353-3443
(H) 1601 Glenmere Blvd
Greeley, 80631
WELD COUNTY MED. SOC.
OPHTHALMOLOGY

Wheeler, James R, MD

1900 16th St
Greeley, 80631 353-1551
(H) 15 Dos Rios
Greeley, 80634 330-0767
WELD COUNTY MED. SOC.
GENERAL SURGERY

Widney, Sam E, MD (Ret)

(H) 1928 15th Ave
Greeley, 80631 352-0306
WELD COUNTY MED. SOC.
OPHTHALMOLOGY
OTORHINOLARYNGOLOGY

Wiege, Eugene A, MD (Ret)

(H) 1030 49th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
GENERAL SURGERY

Wignall, William B, MD

1650 16th St
Greeley, 80631
(H) 730 37th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Wikholm, Larry J, MD

1900 16th St
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
GENERAL SURGERY

Wills, Theodore E, MD

2000 16th St
Greeley, 80631 352-8002
(H) 4720 W 10th St Rd
Greeley, 80634 352-4731
WELD COUNTY MED. SOC.
OPHTHALMOLOGY

Wilson, D Craig, MD

2520 16th St
Greeley, 80631 356-2520
(H) 1220 38th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Wolach, Bernerd L, MD

1601 25 Ave
Greeley, 80631 353-4085
(H) 1934 26th Ave
Greeley, 80631 353-4865
WELD COUNTY MED. SOC.
UROLOGICAL SURGERY

Woods, Michael W, MD

1900 16th St
Greeley, 80631
(H) 1408 44th Ave Ct
Greeley, 80634
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Yockey, Raymond L, MD

900 14th St
Greeley, 80631 353-4322
(H) 2228 Sunset Ln
Greeley, 80631 330-5806
WELD COUNTY MED. SOC.
INTERNAL MEDICINE

Yoder, Franklin D, MD

1011 48th Ave, #1
Greeley, 80634 356-7997
(H) 1011 48th Ave
Greeley, 80634 356-7997
WELD COUNTY MED. SOC.
GENERAL PREVENTIVE MED

Young, Mark D, MD

1650 16th St
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

GREENWOOD VILLAGE, CO

Stoll, Stephen L, MD

8200 E Bellevue, #410
Greenwood Village, 80111 773-8333
(H) 2194 S Dayton
Denver, 80231 696-0394
AURORA-ADAMS COUNTY MED. SOC.
OB & GYNECOLOGY

Urban, James G, MD

730 Potomac St, #102
Aurora, 80011 343-3814
(H) 5170 S Alton Way
Greenwood Village, 80111
AURORA-ADAMS COUNTY MED. SOC.
ORTHOPEDIC SURGERY

GUNNISON, CO

Armstrong, John P, MD

707 N Iowa
Gunnison, 81230 641-1771
(H) PO Box 1221
Gunnison, 81230
CURECANTI MED. SOC.
INTERNAL MEDICINE
FAMILY PRACTICE

Light, Mason M, MD (Ret)

PO Box 1188
Gunnison, 81230 641-1323
(H) 555 Tomichi Tr
Gunnison, 81230 641-1323
CURECANTI MED. SOC.
GENERAL PRACTICE
GENERAL SURGERY

McMurren, Jay W, MD

Box 1849
Gunnison, 81230 641-0211
(H) 539 Fairway Ln
Gunnison, 81230 641-5169
CURECANTI MED. SOC.
FAMILY PRACTICE

Meyer, Ronald W, MD

Box 1849
Gunnison, 81230 641-0211
CURECANTI MED. SOC.
GENERAL PRACTICE

Meyers, J Kim, MD

214 E Denver Ave
Gunnison, 81230
CURECANTI MED. SOC.
ORTHOPEDIC SURGERY

Tarr, John S Jr, MD

Box 1849
Gunnison, 81230 641-0211
(H) 1084 Senaca Dr
Gunnison, 81230 641-4092
CURECANTI MED. SOC.
FAMILY PRACTICE

Wolkov, Jay M, DO

321 N Main
Gunnison, 81230 641-1771
(H) 3577 Ohio Creek Rd
Gunnison, 81230 641-3936
CURECANTI MED. SOC.
FAMILY PRACTICE

HAMILTON, CO

Post, Lawrence T, MD

785 Russell St, #102
Craig, 81625 824-7131
(H) Williams Fork Rd
Hamilton, 81638
NORTHWESTERN COLORADO MED. SOC.
OPHTHALMOLOGY

HAXTUN, CO

Ley, James W, MD

233 W Strohm Ave
Haxtun, 80731 774-6187
(H) Rt 2 Box 12-E
Haxtun, 80731
NORTHEAST COLORADO MED. SOC.
FAMILY PRACTICE

HAYDEN, CO

Malburg, Bernard J, MD
Box L
150 W Jackson
Hayden, 81639 276-3737
(H) 5712 CR #29
Craig, 81625
NORTHWESTERN COLORADO MED. SOC.
FAMILY PRACTICE
GENERAL PRACTICE

HENDERSON, CO

Russell, Ruth K, MD (Ret)
6500 E 88th Ave, #89
Henderson, 80640
DENVER MED. SOC.

HIGHLANDS RANCH, CO

Cox, Robert L, MD
950 E Harvard Ave, #690
Denver, 80210 777-0781
(H) 3048 E Fall Ln
Highlands Ranch, 80126
ARAPAHOE MED. SOC.
INFECTIOUS DISEASES
INTERNAL MEDICINE

Fawell, Thomas W, MD
206 W County Line Rd
Highlands Ranch, 80126 791-2800
(H) 18 Falcon Hills Dr
Highlands Ranch, 80126
ARAPAHOE MED. SOC.
PLASTIC SURGERY

Karakusis, Peter H, MD
950 E Harvard Ave, #690
Denver, 80210
(H) 1888 E Ross Ln
Highlands Ranch, 80126
ARAPAHOE MED. SOC.
INTERNAL MEDICINE
INFECTIOUS DISEASES

Makowski, Anthony J III, MD
206 W County Line Rd, #240
Highlands Ranch, 80126 791-0301
(H) 8751 S Mourning Dove Ln
Highlands Ranch, 80126
ARAPAHOE MED. SOC.
FAMILY PRACTICE

McMillan, Michael J
(H) 264 Southpark Rd
Highlands Ranch, 80126
DENVER MED. SOC.
FAMILY PRACTICE

Orton, Paul W, MD
206 W County Line Rd, #340
Highlands Ranch, 80126 791-0410
(H) 6860 S Lee Way
Littleton, 80127 978-0398
ARAPAHOE MED. SOC.
DERMATOLOGY

Prager, Nelson A, MD
(H) 439 E Saddlewood Cir
Highlands Ranch, 80126 791-8317
DIRECT CMS MEMBER

Spangler, Ronald C, MD
200 W County Line Rd
Highlands Ranch, 80126 791-0418
ARAPAHOE MED. SOC.
FAMILY PRACTICE

Thomasson, George O, MD
6061 S Willow Dr, #270
Englewood, 80111 779-0550
(H) 8859 S Green Meadows Dr
Highlands Ranch, 80126
DENVER MED. SOC.
LEGAL MEDICINE
FAMILY PRACTICE
PUBLIC HEALTH

HOLLY, CO

Ward, Robert G, DO
410 W Colorado
Holly, 81047 (719)537-6642
(H) 412 W Pawnee
Holly, 81047 (719)537-6602
SOUTHEASTERN COLORADO MED. SOC.
GENERAL PRACTICE

HOLYOKE, CO

Chesnut, Myrlen E, DO
PO Box 417
Holyoke, 80734 854-2246
NORTHEAST COLORADO MED. SOC.
GENERAL PRACTICE

HOTCHKISS, CO

Brown, Woodrow E, MD
(H) 3325 J-80 Rd
Hotchkiss, 81419 872-3434
DELTA COUNTY MED. SOC.
FAMILY PRACTICE

HYGIENE, CO

Globe, John E, MD
1925 W Mountain View Ave
Longmont, 80501 651-7474
(H) Box 157
Hygiene, 80533
BOULDER COUNTY MED. SOC.
CARDIOVASCULAR DISEASES
INTERNAL MEDICINE

IDAHO SPRINGS, CO

Conrad, Lily C A, MD
2857 Hwy 103
Idaho Springs, 80452
DIRECT CMS MEMBER
EMERGENCY MEDICINE

Santaguida, Rik, MD
PO Box 1930
Idaho Springs, 80452 254-4531
(H) PO Box 3429
Evergreen, 80439
MT. EVANS MED. SOC.
FAMILY PRACTICE

INDIAN HILLS, CO

Gibson, James D, MD
PO Box 3565
Evergreen, 80439 694-7147
(H) Box 597
Indian Hills, 80454 674-7147
DENVER MED. SOC.
GENERAL SURGERY

JAMESTOWN, CO

Rice, David R, MD (Ret)
(H) PO Box 250
358 Rocklake Rd Bar-K
Jamestown, 80455 459-3214
ARAPAHOE MED. SOC.
PSYCHIATRY

JOHNSTOWN, CO

Kinzer, Edward J, MD
118 Charlotte St
Johnstown, 80534 587-4974
(H) PO Box 280
Johnstown, 80534 587-4322
WELD COUNTY MED. SOC.
GENERAL PRACTICE
FAMILY PRACTICE

Sprague, Dawin C, DO
Johnstown Clinic
Johnstown, 80534 587-4669
(H) PO Box 460
Johnstown, 80534 587-2375
WELD COUNTY MED. SOC.
GENERAL PRACTICE
FAMILY PRACTICE
EMERGENCY MEDICINE
SPORTS MEDICINE

Stanley, Gerard J, MD
107 S Irene
Milliken, 80543 587-5103
(H) 101 King Ave
Johnstown, 80534
WELD COUNTY MED. SOC.
FAMILY PRACTICE

JULESBURG, CO

Lopez-Samayoa, Omar E, MD
116 E 9th St
Julesburg, 80737 474-3377
(H) 15460 County Rt 41
Julesburg, 80737
NORTHEAST COLORADO MED. SOC.

Lundgren, John C, MD (Ret)
(H) 414 W 8th St
Julesburg, 80737 474-3525
NORTHEAST COLORADO MED. SOC.
FAMILY PRACTICE

KREMMLING - LAFAYETTE

KREMMLING, CO

Auringer, Michael, MD

PO Box 739
Kremmling, 80459
(H) 1010 Castlerock
Fort Collins, 80521
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE

LA JARA, CO

Thomas, H Dale, MD

Box 739
La Jara, 81140 (719)274-5103
(H) PO Box 242
La Jara, 81140 (719)294-5763
SAN LUIS VALLEY MED. SOC.
FAMILY PRACTICE
OBSTETRICS
GENERAL SURGERY

LA JUNTA, CO

Acuna-Narvaez, Perlita, MD

1200 Carson Ave, #101
La Junta, 81050
(H) 15 Mountview Dr
La Junta, 81050
OTERO COUNTY MED. SOC.
GENERAL PRACTICE

Baumgartner, Robert B, MD

PO Box 631
La Junta, 81050 (719)384-8181
(H) 114 Western Ave
La Junta, 81050 (719)384-4852
OTERO COUNTY MED. SOC.
GENERAL SURGERY
AEROSPACE MEDICINE

Calonge, Guy D, MD

315 Santa Fe St
La Junta, 81050 (719)384-2564
(H) 1715 Raton Ave
La Junta, 81050
OTERO COUNTY MED. SOC.
GENERAL PRACTICE

Davis, Richard L, MD (Ret)

(H) 1401 Colorado Ave
La Junta, 81050 (719)384-9262
OTERO COUNTY MED. SOC.
GENERAL PRACTICE

Freund, B William, MD

PO Box 681
La Junta, 81050
OTERO COUNTY MED. SOC.
PSYCHIATRY

Gay, Kent E, MD

2201 San Juan Ave
PO Box 631
La Junta, 81050 (719)384-8181
(H) 718 Bellview
La Junta, 81050
OTERO COUNTY MED. SOC.
GENERAL SURGERY

Hofmann, Rudolf A, MD

1112 Carson
La Junta, 81050 (719)384-8795
OTERO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Holm, William A, MD

1100 Carson Ave
La Junta, 81050 (719)384-7734
(H) 2001 College Dr
La Junta, 81050 (719)384-4713
OTERO COUNTY MED. SOC.
PATHOLOGY

Knaus, Kendal C, MD

AK Valley Reg Med Ctr
1100 Carson Ave
La Junta, 81050 (719)384-7734
(H) 2405 Santa Fe Ave
La Junta, 81050 (719)384-4277
OTERO COUNTY MED. SOC.
PATHOLOGY
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY

Narvaez, Rogelio W, MD

1200 Carson Ave
La Junta, 81050
OTERO COUNTY MED. SOC.
GENERAL PRACTICE

Rayburn, Charles R Jr, MD

1100 Carson Ave
La Junta, 81050 (719)384-5412
(H) 18 Chaparral Cir
La Junta, 81050
OTERO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Schmucker, Marion L, MD

PO Box 631
La Junta, 81050 (719)384-8181
(H) 2008 Raton Ave
La Junta, 81050 (719)384-6539
OTERO COUNTY MED. SOC.

Scott, George E, MD

SE Colo Mental Hlth Ctr
711 Barnes Ave
La Junta, 81050 (719)384-5446
(H) 504 E C St
Box 3-286
Fort Lyon, 81038 456-1299
OTERO COUNTY MED. SOC.
PSYCHIATRY

Shand, J Alan, MD

Box 496
111 W 2nd St
La Junta, 81050 (719)384-2771
(H) 918 Colorado Ave
La Junta, 81050 (719)384-4942
OTERO COUNTY MED. SOC.
GENERAL PRACTICE

Stabler, Lairie O, MD

PO Box 631
Loma Vista Med Ctr
La Junta, 81050 (719)384-8181
(H) 249II CR BB
La Junta, 81050
OTERO COUNTY MED. SOC.
GENERAL SURGERY

Stutzman, Howard E, MD

2201 San Juan
La Junta, 81050 (719)384-8181
(H) 25 Yucca Rd
La Junta, 81050
OTERO COUNTY MED. SOC.
GENERAL PRACTICE

Vandiver, G H, MD

12 E 10th St
La Junta, 81050 (719)384-2621
(H) 1720 Colorado Ave
La Junta, 81050 (719)384-7963
OTERO COUNTY MED. SOC.
GENERAL PRACTICE

Weber, Clayton C, MD

PO Box 631
La Junta, 81050 (719)384-8181
(H) 618 Grace Ave
La Junta, 81050
OTERO COUNTY MED. SOC.
GENERAL PRACTICE

Yoder, Paul T, MD

1200 Carson Ave
La Junta, 81050 (719)384-8766
(H) 617 Elm
La Junta, 81050
OTERO COUNTY MED. SOC.
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Collins, Thomas J, MD

PO Box 568
La Porte, 80535
(H) 2933 Wakonda
Fort Collins, 80521
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Power, Charles W, MD

2000 W South Boulder Rd
Lafayette, 80026 666-4357
(H) 501 W Lucerne Dr
Lafayette, 80026 665-8434
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Rabold, James G, MD

2000 W South Boulder Rd, #A
Lafayette, 80026 449-5774
(H) 3845 Birchwood Dr
Boulder, 80302 444-5755
BOULDER COUNTY MED. SOC.
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Stettler, Deborah J

4200 E 9th Ave
PO Box A-054
Denver, 80262
(H) 485 London Ave
Lafayette, 80026
DENVER MED. SOC.

Wolf, Howard C, MD
401 E Cleveland
Lafayette, 80026 665-5635
(H) 7360 Mt Meeker Rd
Longmont, 80501
BOULDER COUNTY MED. SOC.
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Woodland, John B, MD
Community Med Ctr
2000 W South Boulder Rd
Lafayette, 80026
(H) 3802 Monterey Pl
Boulder, 80301 442-1349
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EMERGENCY MEDICINE

LAKEWOOD, CO

Adler, Kenneth G, MD
7859 W 38th Ave
Wheat Ridge, 80033
(H) 2550 Van Gordon St
Lakewood, 80215 279-0855
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Andrews, Francine G, MD
8805 W 14th Ave, #202
Lakewood, 80215 234-1067
(H) 7855 S Windermere Cir
Littleton, 80120 797-6554
CLEAR CREEK VALLEY MED. SOC.
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ASTHMA
PEDIATRIC ALLERGY
ALLERGY & IMMUNOLOGY

Anger, Michael S, MD
1750 Pierce St
Lakewood, 80214
(H) 5763 S Killarney
Aurora, 80015
CLEAR CREEK VALLEY MED. SOC.
NEPHROLOGY
INTERNAL MEDICINE

Augsburger, Richard R, MD
8350 W 38th Ave, #402
Wheat Ridge, 80033 421-4410
(H) 12675 Willow Ln
Lakewood, 80215 238-1447
CLEAR CREEK VALLEY MED. SOC.
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Axtell, H Kent, MD
8015 W Alameda Ave, #130
Lakewood, 80226 232-9565
CLEAR CREEK VALLEY MED. SOC.
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Baronberg, Nelel D, MD
8015 W Alameda, #230
Lakewood, 80226 238-8484
(H) 620 Cherry St
Denver, 80220
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OPHTHALMOLOGY

Becker, Bruce A, MD
8015 W Alameda Ave, #040
Lakewood, 80226 232-3232
(H) 5500 W Bowles Ave
Littleton, 80123
CLEAR CREEK VALLEY MED. SOC.
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Borkert, Daniel T, MD
6565 W Jewell Ave, #3
Lakewood, 80226 934-2261
(H) 2747 S Upham
Denver, 80227 980-8924
DIRECT CMS MEMBER
FAMILY PRACTICE

Bourg, Wilson C III, MD
8805 W 14th Ave, #102
Lakewood, 80215 232-0602
(H) 10909 W 30th Ave
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
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HEMATOLOGY

Braslow, Jonathan S, MD
1630 Carr St
Lakewood, 80215 232-1111
CLEAR CREEK VALLEY MED. SOC.
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Brelje, Mabel C, MD
3222 S Vance, #200
Lakewood, 80227 986-6446
CLEAR CREEK VALLEY MED. SOC.
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Brown, Courtney W, MD
1805 Kipling St
Lakewood, 80215 233-1223
CLEAR CREEK VALLEY MED. SOC.
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SPORTS MEDICINE
TRAUMATIC SURGERY

Brown, John T, MD
PO Box 15249
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
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Bruck, Edward F, MD
8383 W Alameda Ave
Lakewood, 80226 232-1885
(H) 21 Hess Ave
Golden, 80401
DENVER MED. SOC.
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Brundige, Ralph E, MD
8015 W Alameda Ave, #050
Lakewood, 80226 237-0086
(H) 9642 W Kentucky Pl
Denver, 80226
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Brundige, Richard L, MD
8015 W Alameda, #050
Lakewood, 80226 237-0086
(H) 9692 W Kentucky Pl
Lakewood, 80226
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Bryan, Richard Wm D, MD
8015 W Alameda Ave, #60
Lakewood, 80226
(H) 1661 S Kendall St
Lakewood, 80226
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Campbell, Bernard E, MD
1861 Wadsworth Blvd
Lakewood, 80215 237-5401
(H) 26 Morningside Dr
Denver, 80215
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

Campbell, Dorothy C, MD (Ret)
(H) 3060 Teller St
Lakewood, 80215
DENVER MED. SOC.
OPHTHALMOLOGY

Carpenter, Joseph D, MD
8745 W 14th, #110
Lakewood, 80215 233-9638
CLEAR CREEK VALLEY MED. SOC.
ANESTHESIOLOGY

Choi, Susanna S, MD
3222 S Vance St, #200
Lakewood, 80227 986-6446
DENVER MED. SOC.
OB & GYNCOLOGY

Claassen, Duane A, MD
2550 Youngfield St
Lakewood, 80215 233-8295
(H) 2234 Osceola St
Denver, 80212 480-1023
CLEAR CREEK VALLEY MED. SOC.
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Cohen, Richard S, MD
2020 Wadsworth Blvd, #19
Lakewood, 80215 232-5060
(H) 6608 E Dartmouth
Denver, 80222
CLEAR CREEK VALLEY MED. SOC.
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Collins, Dale W, MD
4200 W Conejos Pl
Denver, 80204 573-9951
(H) 8283 W Iliff Ln
Lakewood, 80227 985-8081
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Conner, Wayne L, MD
1930 S Federal Blvd
#1 Bldg C
Denver, 80219 934-5621
(H) 760 Crescent Ln
Lakewood, 80215 233-8318
CLEAR CREEK VALLEY MED. SOC.
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Coringrato, Marlo A, MD
2020 Wadsworth Blvd, #13-B
Lakewood, 80215 237-5479
CLEAR CREEK VALLEY MED. SOC.
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LAKEWOOD

Cosh, Glenn M, DO
1555 S Wadsworth Blvd
Lakewood, 80226
ARAPAHOE MED. SOC.

985-1597

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Crockett, Emily B

(H) 870 Reed Ct
Lakewood, 80215
DENVER MED. SOC.

Dahl, John H, MD

10090 W 26th Ave
Lakewood, 80215
(H) 5 Rangeview Cir
Denver, 80215
CLEAR CREEK VALLEY MED. SOC.
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Davis, I Stephen, MD

1630 Carr St
Lakewood, 80215
(H) 428 Humboldt St
Denver, 80218
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ORTHOPEDIC SURGERY

232-1111

Dilts, Stephen L, MD

Denver Gen Hosp
Dept of Psychiatry
Denver, 80204
(H) 2466 S Estes Ct
Lakewood, 80227
DENVER MED. SOC.
PSYCHIATRY
ALCOHOL & DRUG ABUSE

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986-5149

Doig, David J, MD

2020 Wadsworth Blvd, #1
Lakewood, 80215
(H) 1139 Brentwood
Lakewood, 80226
CLEAR CREEK VALLEY MED. SOC.
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Doig, William L, MD

2020 Wadsworth Blvd, #1
Lakewood, 80215
(H) 12090 W 23rd Pl
Lakewood, 80215
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Donaldson, David H, MD

1805 Kipling St
Lakewood, 80215
(H) 3233 Jellison
Wheat Ridge, 80033
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

233-1223

Dracon, Dan, MD

2135 Tabor Dr
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
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EMERGENCY MEDICINE

Driver, Thomas F, MD

2095 Kline St
Lakewood, 80215
(H) 2095 Kline
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
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Drohan, Paul S, MD

1630 Carr St, #B
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
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Elsey, Edward C Jr, MD

11121 W 27th Pl
Lakewood, 80215
(H) 11121 W 27th Pl
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
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Erickson, Larry R, MD

255 Union Blvd, #440
Lakewood, 80228
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Fleischaker, Gordon H Jr, MD

4485 Wadsworth Blvd
Wheat Ridge, 80033
(H) 9195 W 10th Ave
Lakewood, 80215
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Fleming, John A, MD

435 Carr St
Lakewood, 80226
CLEAR CREEK VALLEY MED. SOC.
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Forman, Ernest E, MD

1930 S Federal Blvd
Bldg 2-C
Denver, 80219
(H) 2132 S Parfet Dr
Lakewood, 80227
CLEAR CREEK VALLEY MED. SOC.
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Friermood, Tom G, MD

1805 Kipling St
Lakewood, 80215
(H) 11051 W 27th Pl
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

233-1223

Furman, Joseph, MD

Rockwell Int
PO Box 464
Golden, 80402
(H) 10188 W Oregon Pl
Lakewood, 80226
CLEAR CREEK VALLEY MED. SOC.
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966-2594

Galloway, Frederick M, MD

Denver Gen Hosp
777 Bannock St
Denver, 80204
(H) 375 Ammons St
Lakewood, 80226
DENVER MED. SOC.
ANESTHESIOLOGY

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Garland, Dave T, DO

100 Acoma St
Denver, 80223
(H) 1035 Marshall
Lakewood, 80214
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3222 S Vance, #200
Lakewood, 80227
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8350 W 38th Ave, #405
Wheat Ridge, 80033
(H) 8557 W 8th Ave
Lakewood, 80215
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Glismann, John D, MD

12157 W Cedar Dr
Lakewood, 80228
(H) 6857 Wynam Way
Lakewood, 80228
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2020 Wadsworth, #16
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(H) 11050 W 41st Pl
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Golbert, Thomas M, MD

255 Union Blvd, #120
Lakewood, 80228
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Gramowski, Thomas W, MD

1955 Pennsylvania St, #400
Denver, 80203
(H) 698 S Dudley
Lakewood, 80226
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Lakewood, 80215
(H) 23445 Blue Stem Dr
Golden, 80401
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ONCOLOGY | 232-0602

526-0127 | Harris, Lowell N, MD
8350 W 38th Ave, #207
Wheat Ridge, 80033
(H) 3092 Nelson Dr
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY | 421-7632

- | Higgins, Kerry T, MD
950 E Harvard Ave, #440
Denver, 80210
(H) 1979 S Robb Way
Lakewood, 80227
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FAMILY PRACTICE | 777-0577

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| Grosshans, Charles L, MD
6900 W Alameda Ave, #505
Lakewood, 80226
(H) 1740 S Ames
Lakewood, 80226
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255 Union Blvd, #270
Lakewood, 80228
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4567 E 9th Ave
Denver, 80220
(H) 6040 W Evans Pl
Lakewood, 80227
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EMERGENCY MEDICINE | 320-2455

722-2877 |
| Grover, Isabelle E, MD
2020 Wadsworth Blvd, #8
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
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- | Haynes, Robert G, MD
10090 W 26th Ave
Lakewood, 80215
(H) 125 Dover
Lakewood, 80226
CLEAR CREEK VALLEY MED. SOC.
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255 Union St, #300
Lakewood, 80228
(H) 227 Kings Rd
Evergreen, 80439
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| Halgrimson, Michael J, MD
3222 S Vance St, #200
Lakewood, 80227
DENVER MED. SOC.
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7373 W Jefferson, #201
Lakewood, 80235
(H) 4538 W Lake Cir
Littleton, 80123
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280 Columbine, #312
Denver, 80206
(H) 11022 W 27th Pl
Lakewood, 80215
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(H) 341 Wright St #9-205
Lakewood, 80228
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9393 W Alameda Ave
Lakewood, 80226
(H) 7445 Highland Dr
Lakewood, 80215
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- | Hutto, John M, MD
7835 W 38th Ave
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TUMOR SURGERY | 425-2808

232-6815 |
| Jones, George D, MD
2005 Franklin St, #700
Denver, 80205
(H) 11882 W 27th Dr
Lakewood, 80215
DENVER MED. SOC.
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232-1713 |
| Jones, Rodney H, MD (Ret)
5959 W Iliff Dr
Lakewood, 80227
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Kanger, William J Jr, MD

1360 S Wadsworth Blvd, #114A
Lakewood, 80226 936-7397
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Karlin, Joel M, MD

8805 W 14th Ave, #202
Lakewood, 80215 234-1067
(H) 3961 S Benton Way
Denver, 80235
CLEAR CREEK VALLEY MED. SOC.
ALLERGY
PEDIATRIC ALLERGY
ASTHMA

Kelly, Barbara Fawcett, MD

2020 Wadsworth Blvd, #8
Lakewood, 80215
(H) 365 Sherman St
Denver, 80203
DIRECT CMS MEMBER
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Kent, Emma M, MD

638 S Carr St
Lakewood, 80226 986-3330
(H) 638 S Carr St
Lakewood, 80226
DENVER MED. SOC.
PSYCHIATRY

Kort, W Thomas, MD

3333 S Wadsworth Blvd, #302
Lakewood, 80227 989-5231
(H) 5100 Bowmar Dr
Littleton, 80123 730-0828
CLEAR CREEK VALLEY MED. SOC.
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Kramer, Ryan, MD

1370 S Wadsworth Blvd
Lakewood, 80226 985-8773
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Kreutzer, Erik W, MD

2020 Wadsworth Blvd, #4
Lakewood, 80215 238-1366
(H) 3333 E Florida #98
Denver, 80210 778-6161
CLEAR CREEK VALLEY MED. SOC.
OTORHINOLARYNGOLOGY

Krichbaum, Franklin M, MD (Ret)

(H) 3011 Oak St
Lakewood, 80215 233-3562
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

Krichevsky, Paul, MD

255 Union Blvd, #300
Lakewood, 80228 986-9583
(H) 1551 S Genesee Ridge Rd
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Kukral, Albert J, MD

6305 W 6th Ave, #A7
Lakewood, 80214 234-9875
(H) 6305 W 6th Ave #A7
Lakewood, 80214 234-9875
CLEAR CREEK VALLEY MED. SOC.
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GENERAL SURGERY
AMBULATORY MEDICINE
TUMOR SURGERY

Landis, Henry, MD

1360 Wadsworth Blvd, #113
Lakewood, 80226 988-6777
(H) 4830 W Evans Ave
Denver, 80219 936-6915
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Laubach, Sherri J, MD

8805 W 14th, #110
Lakewood, 80215 238-1201
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Levine, Samuel, MD

1743 S Robb St
Lakewood, 80226 986-2727
(H) 1743 S Robb St
Lakewood, 80226
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY

Lowe, Thomas G, MD

8370 W 38th Ave, #201
Wheat Ridge, 80033 422-1388
(H) 3072 Nelson Dr
Lakewood, 80215 233-6837
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Mains, Charles W, MD

2550 Youngfield St
Lakewood, 80215
(H) 14776 W Byers Pl
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY

Maruyama, Herbert H, MD

1630 Carr St
Lakewood, 80215 232-1111
(H) 3 Rangeview Cir
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Maul, Herman S, MD

6900 W Alameda Ave, #304
Lakewood, 80226 922-8463
(H) 2800 S University Blvd #160
Denver, 80210 758-6006
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
AEROSPACE MEDICINE

McCreedy, Gordon J, MD

8370 W 38th Ave, #201
Wheat Ridge, 80033 422-1388
(H) 1061 Field St
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

McGuire, Brian M, MD

4200 W Conejos Pl, #324
Denver, 80204 825-1373
(H) 6305 W 6th Ave #D-18
Lakewood, 80214
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY

McIntyre, Donald O, MD

1750 Pierce
Lakewood, 80214 232-3366
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
NEPHROLOGY

Messner, Duane G, MD

1805 Kipling St
Lakewood, 80215 233-1223
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Meyer, Maryethel, MD

1895 Wadsworth Blvd
Lakewood, 80215 233-8701
(H) 6805 W 26th Ave
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS

Meyer, Ronald C, MD

8550 W 38th Ave, #200
Wheat Ridge, 80033 467-8900
(H) 11051 W 29th Ave
Lakewood, 80215 233-5358
DIRECT CMS MEMBER
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Miller, Charles H, MD

260 S Kipling
Lakewood, 80226 232-6301
CLEAR CREEK VALLEY MED. SOC.
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GENERAL PREVENTIVE MED

Miller, David C, MD

2550 Youngfield St
Lakewood, 80215 233-8295
(H) 3455 Quail St
Wheat Ridge, 80033 231-9600
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Miller, Paul D, MD

1750 Pierce
Lakewood, 80214 232-3366
(H) 3230 Zephyr Ct
Wheat Ridge, 80033
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
NEPHROLOGY

Miller, William B, MD

2020 Wadsworth Blvd, #17
Lakewood, 80215 237-1357
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS

- Moffatt, Thomas W Jr, MD**
6169 S Balsam Way, #240
Littleton, 80123 972-0463
(H) 2264 S Youngfield Ct
Lakewood, 80228
ARAPAHOE MED. SOC.
OB & GYNECOLOGY
- Montgomery, Eva, MD**
7373 W Jefferson, #102
Lakewood, 80235
(H) 3208 E Phillips Dr
Littleton, 80122
ARAPAHOE MED. SOC.
PEDIATRICS
- Moore, John B, MD**
2105 Kipling
Lakewood, 80215 234-1455
(H) 38 Hillside Dr
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY
- Moser, Barbara E, MD**
963 S Kipling Pkwy
Lakewood, 80226 988-7171
DENVER MED. SOC.
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- Moss, G Wayne, MD (Ret)**
(H) 8527 W 8th Ave
Lakewood, 80215 232-0360
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY
- Myers, R Douglas, MD**
2020 Wadsworth Blvd
Lakewood, 80215
(H) 1950 Zang St
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE
- Napoli, J Nicholas, MD**
8805 W 14th Ave, #102
Lakewood, 80215 232-0602
CLEAR CREEK VALLEY MED. SOC.
HEMATOLOGY
ONCOLOGY
- Neal, Billy J, MD**
1750 Pierce
Lakewood, 80214 232-3366
(H) 3395 Nelson
Wheat Ridge, 80033 233-7697
CLEAR CREEK VALLEY MED. SOC.
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NEPHROLOGY
- Netz, Howard E, MD**
8015 W Alameda Ave, #140
Lakewood, 80226 232-8383
(H) 410 Kendall
Lakewood, 80226
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
- Newman, Samuel P, MD**
1575 Kipling St
Lakewood, 80215 233-1804
DENVER MED. SOC.
ORTHOPEDIC SURGERY
- Nibbe, Albert F, MD**
8350 W 38th Ave, #308
Wheat Ridge, 80033 420-1550
(H) 2570 Parfet St
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
ENDOCRINOLOGY & METABOLISM
INTERNAL MEDICINE
- Nicholson, Stephen S, MD**
7373 W Jefferson, #102
Lakewood, 80235 988-5252
(H) 8283 S St Paul Way
Littleton, 80122
DENVER MED. SOC.
PEDIATRICS
- O'Connor, J William, MD**
1861 Wadsworth Blvd
Lakewood, 80215 237-5401
(H) 6762 S Kearney Ct
Englewood, 80112
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY
- O'Day, Fred T, MD**
(H) 2615 Oak Dr #26
Lakewood, 80215 237-0250
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
- Odom, John A Jr, MD**
1805 Kipling St
Lakewood, 80215 233-1223
(H) 11490 W 38th Ave
Wheat Ridge, 80033
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY
- Parry, Lynn, MD**
2020 Wadsworth Blvd, #20
Lakewood, 80215 237-9505
(H) 4591 Tule Lake Dr
Littleton, 80123 794-4011
CLEAR CREEK VALLEY MED. SOC.
NEUROLOGY
- Parry, Thomas M, MD**
5440 W 25th Ave
Edgewater, 80214 233-3527
(H) 3060 Teller St
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE
- Payea, Norman P II, MD**
Lakewood Med Ctr #316
8805 W 14th Ave
Lakewood, 80215 232-0310
(H) 3470 N Ward Rd
Wheat Ridge, 80033 233-2025
CLEAR CREEK VALLEY MED. SOC.
PLASTIC SURGERY
HAND SURGERY
- Polevoy, Ira S, MD**
2020 Wadsworth Blvd, #6
Lakewood, 80215 232-7522
(H) 278 Alpine Rd
Golden, 80401
DIRECT CMS MEMBER
GENERAL SURGERY
- Potts, William E, MD**
6900 W Alameda Ave, #505
Lakewood, 80226 936-7415
(H) 5341 W Kent Pl
Denver, 80235 989-6531
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS
- Powell, Thomas T, MD**
Rockwell International
Golden,
(H) 182 S Vance Ct
Lakewood, 80226 238-6175
CLEAR CREEK VALLEY MED. SOC.
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- Quackenbush, Kirk T, MD**
2550 Youngfield
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
- Ratner, Karen N, MD**
8120 S Holly St, #106
Littleton, 80122
(H) 1970 S Deframe Way
Lakewood, 80228 985-9851
ARAPAHOE MED. SOC.
INTERNAL MEDICINE
- Reiquam, C W, MD**
1719 E 19th Ave
Pres Med Ctr
Denver, 80218 839-6800
(H) 1960 Winfield Dr
Lakewood, 80215 233-4005
DENVER MED. SOC.
PATHOLOGY
HEMATOLOGY
ONCOLOGY
- Reynolds, Craig A, MD**
165 S Union Blvd, #820
Lakewood, 80228 985-3303
CLEAR CREEK VALLEY MED. SOC.
PLASTIC SURGERY
- Rhodes, Paul H, MD**
2310 Wadsworth Blvd
Lakewood, 80215 232-1113
(H) 2310 Wadsworth Blvd
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS
- Richards, Bruce C, MD**
2020 Wadsworth Blvd, #16
Lakewood, 80215 237-5481
(H) 2659 Quail
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
GYNECOLOGY

LAKEWOOD

- Richardson, Kenneth R, MD**
2201 Wadsworth Blvd
Lakewood, 80215 234-0445
(H) 5087 W Maplewood Ave
Littleton, 80123 795-3120
CLEAR CREEK VALLEY MED. SOC.
ANESTHESIOLOGY
- Richman, Lee K, MD**
8550 W 38th Ave, #300
Wheat Ridge, 80033 425-2800
(H) 2193 Allison St
Lakewood, 80215 232-4623
CLEAR CREEK VALLEY MED. SOC.
GASTROENTEROLOGY
INTERNAL MEDICINE
- Roberts, Donald G, MD**
11220 W Colfax Ave
Lakewood, 80215 238-8354
(H) 13190 West 16th Dr
Golden, 80401 237-8678
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE
- Rose, Brian H, DO**
3290 S Wadsworth Blvd
Lakewood, 80227 988-7800
ARAPAHOE MED. SOC.
FAMILY PRACTICE
- Rosenberger, Alan B, MD**
4200 W Conejos Pl
Denver, 80204 623-7263
(H) 2615 S Jay Ct
Lakewood, 80227 980-1106
CLEAR CREEK VALLEY MED. SOC.
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TRAUMATIC SURGERY
AMBULATORY MEDICINE
TUMOR SURGERY
THORACIC SURGERY
- Rowland, Charles F, MD**
1630 Carr St
Lakewood, 80215 232-1111
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY
- Ryan, Donald W, MD**
6900 W Alameda Ave, #500
Lakewood, 80226 935-4681
(H) 2605 Cactus Cir
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
NEUROLOGY
- Ryan, Michael P, MD**
(H) 86 S Flower St
Lakewood, 80226 237-0500
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE
GENERAL SURGERY
- Ryan, Sonia C, MD**
6900 W Alameda Ave, #500
Lakewood, 80226 935-4681
(H) 2605 Cactus Cir
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
DERMATOLOGY
DERMATOPATHOLOGY
- Sadler, Dean L, MD**
8805 W 14th Ave
Lakewood, 80215 238-1201
(H) 11655 Applewood Knoll Dr
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE
- Scorza, William E, MD**
1930 S Federal Blvd
Bldg C #1
Denver, 80219 934-5621
(H) 440 Balsam St
Lakewood, 80226
CLEAR CREEK VALLEY MED. SOC.
OB & GYNCOLOGY
- Shane, James A Jr, MD**
2550 Youngfield St
Lakewood, 80215 233-8295
(H) 2470 Willow Ln
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
- Sherman, Leon H, MD (Ret)**
(H) 11165 W 26th Pl
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE
GENERAL SURGERY
- Siegel, Gary L, MD**
8805 W 14th Ave, #202
Lakewood, 80215 234-1067
(H) 16 Ivy Ln
Denver, 80220 321-3391
CLEAR CREEK VALLEY MED. SOC.
ALLERGY
- Smith, William E, MD**
1701 S Federal Blvd
Denver, 80219 934-5835
(H) 8523 W Iliff Ave
Lakewood, 80227 989-8539
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY
- Stahl, Eric J, MD**
1805 Kipling St
Lakewood, 80215
(H) 25724 Bristlecone Ct
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY
- Stevens, Wayne E, MD**
5401 W Alameda Ave, #A & B
Lakewood, 80226 232-6693
(H) 13885 W Center Dr
Lakewood, 80228
CLEAR CREEK VALLEY MED. SOC.
HYPNOSIS
FAMILY PRACTICE
- Stofac, Robert L, MD**
13772 Denver W Pkwy
Bldg 55 #100
Golden, 80401 279-6600
(H) 10181 W Asbury Ave
Lakewood, 80227
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY
- Sweeney, Thomas I, MD**
4350 Wadsworth Blvd, #350
Wheat Ridge, 80033 467-2800
(H) 2536 Vivian St
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
OB & GYNCOLOGY
- Taylor, Colin V, MD**
44 Union Blvd
Lakewood, 80228 980-2959
(H) 856 S Van Gordon Ct #L-302
Lakewood, 80228 969-9692
CLEAR CREEK VALLEY MED. SOC.
- Tepley, Fred H, MD**
8805 W 14th Ave
Lakewood, 80215 233-4808
(H) 1550 Dover #1
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
- Thomas, Herbert J III, MD**
8015 W Alameda Ave, #210
Lakewood, 80226 237-2663
(H) 10050 E Harvard Ave #B-617
Denver, 80231 696-7057
DENVER MED. SOC.
ORTHOPEDIC SURGERY
- Thorne, John L, MD**
8015 W Alameda, #030
Lakewood, 80226 234-0800
CLEAR CREEK VALLEY MED. SOC.
OB & GYNCOLOGY
- Thumim, Martin B, DO**
10175 W Kentucky Dr
Lakewood, 80226 985-4467
(H) 7138 W Elmhurst Ave
Littleton, 80123
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE
FAMILY PRACTICE
- Vacanti, John J, MD**
2201 Wadsworth Blvd
Lakewood, 80215 234-0445
(H) 10605 W 26th Ave
Lakewood, 80215 232-2601
CLEAR CREEK VALLEY MED. SOC.
ANESTHESIOLOGY
- Vandewater, Frank W, MD**
2020 Wadsworth Blvd, #4
Lakewood, 80215 238-1366
CLEAR CREEK VALLEY MED. SOC.
OTORHINOLARYNGOLOGY
- Vigor, William Jr, MD**
8350 W 38th Ave, #405
Wheat Ridge, 80033 420-1011
(H) 2459 S Chase Ln
Lakewood, 80227 988-9027
CLEAR CREEK VALLEY MED. SOC.
PLASTIC SURGERY

PRYOR, CARNEY AND JOHNSON
ATTORNEYS AND COUNSELORS AT LAW
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Watson, Donald D, MD
PO Box 116
Wheat Ridge, 80034
(H) 3081 Nelson Dr
Lakewood, 80215
DIRECT CMS MEMBER
ANESTHESIOLOGY

Weaver, William D, MD
1929 Egbert, #B
Brighton, 80601 659-3306
(H) 6950 W Archer Pl
Lakewood, 80226
AURORA-ADAMS COUNTY MED. SOC.
GENERAL SURGERY

Weiss, Edra B, MD
1895 Wadsworth Blvd
Lakewood, 80215 233-8701
(H) 15 Blue Grouse Ridge
Littleton, 80127
DIRECT CMS MEMBER
PEDIATRICS
PEDIATRIC ENDOCRINOLOGY

Weltman, Delbert M, MD
630 University Bldg
Denver, 80202 623-5416
(H) 1339 Sheridan Blvd
Lakewood, 80214 238-6932
DENVER MED. SOC.
OPHTHALMOLOGY

Weston, Eugene L, MD
2550 Youngfield St
Lakewood, 80215 233-6287
(H) 2761 Kendrick St
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
THORACIC SURGERY
GENERAL SURGERY
CARDIOVASCULAR SURGERY

Wheeler, Richard L, MD
3190 S Wadsworth Blvd, #150
Lakewood, 80227
(H) 6855 W 2nd Ave
Lakewood, 80226
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Williams, Robert N, MD
2550 Youngfield St
Lakewood, 80215 233-8295
(H) 2810 Gaylord St
Denver, 80205 292-6380
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Wolf, Robert J, MD
2020 Wadsworth Blvd, #11
Lakewood, 80215 232-0321
(H) 770 S Harrison
Denver, 80209 777-1594
CLEAR CREEK VALLEY MED. SOC.
DIAGNOSTIC RADIOLOGY

Wolfson, Robert H, MD
8550 W 38th Ave, #205
Wheat Ridge, 80033 425-2797
(H) 11125 W Pacific Ct
Lakewood, 80227 969-9017
CLEAR CREEK VALLEY MED. SOC.

Wood, Robert H, MD
5730 Ward Rd, #102
Arvada, 80002 422-8090
(H) 10927 W 31st Ave
Lakewood, 80215 233-7231
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Wotkyns, Roger S, MD
8350 W 38th Ave, #407
Wheat Ridge, 80033 420-2010
(H) 7818 Crest Dr
Lakewood, 80215 233-7665
CLEAR CREEK VALLEY MED. SOC.
CARDIOVASCULAR SURGERY
GENERAL SURGERY

Wurtzebach, Lorenz R, MD (Ret)
(H) 741 Park Ln
Lakewood, 80215 237-0173
DENVER MED. SOC.
RADIOLOGY

Yanover, Melissa J, MD
1750 Pierce
Lakewood, 80214
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
NEPHROLOGY

Zarlengo, Charles V, MD
1750 Humboldt St, #3
Denver, 80218 861-8818
(H) 50 Hillside Dr
Lakewood, 80215 237-1563
DIRECT CMS MEMBER
GENERAL PRACTICE
ANESTHESIOLOGY

LAMAR, CO

Benton, Donald F, MD
200 Kendall Dr, #3
Lamar, 81052 (719)336-9068
(H) 102 Willow Valley
Lamar, 81052
SOUTHEASTERN COLORADO MED. SOC.
FAMILY PRACTICE

Ellsworth, Rita A, MD
2201 S Memorial Dr, #1200
Lamar, 81052 (719)336-7461
(H) 408 W Elm
Lamar, 81052
SOUTHEASTERN COLORADO MED. SOC.
PEDIATRICS

Ghaibeh, Ousama, MD
2201 S Memorial, #1500
Lamar, 81052 (719)336-2291
(H) PO Box 1172
Lamar, 81052 (719)336-2798
SOUTHEASTERN COLORADO MED. SOC.
GENERAL SURGERY

Krausnick, Keith F, MD
Box 352
SE Colo Prof Bldg
Lamar, 81052 (719)336-9051
(H) Box 352
Lamar, 81052
SOUTHEASTERN COLORADO MED. SOC.
GENERAL PRACTICE

Lee, Michael J, MD
200 Kendall Dr, #1
Lamar, 81052 (719)336-3247
SOUTHEASTERN COLORADO MED. SOC.
FAMILY PRACTICE

Likes, Edwin C, MD
800 S Main St
Lamar, 81052 (719)336-4335
(H) 208 Willow Valley
Lamar, 81052
SOUTHEASTERN COLORADO MED. SOC.
FAMILY PRACTICE

Lucas, William E, MD
South Memorial Dr
Lamar, 81052
SOUTHEASTERN COLORADO MED. SOC.
INTERNAL MEDICINE

LARKSPUR, CO

Cole, Norman J, MD (Ret)
(H) 5055 Red Rock Dr
Larkspur, 80118
ARAPAHOE MED. SOC.
GERIATRICS

LAS ANIMAS, CO

Sampson, Lloyd S, MD
245 Vine Ave
PO Box 110
Las Animas, 81054 (719)456-1243
(H) 1664 6th St
Las Animas, 81054 (719)456-0178
OTERO COUNTY MED. SOC.
FAMILY PRACTICE

Wight, Willard R, MD
PO Box 428
Las Animas, 81054 (719)456-1001
(H) PO Box 428
Las Animas, 81054 (719)456-0736
OTERO COUNTY MED. SOC.
GENERAL PRACTICE

LASALLE, CO

Hesse, Eugene J, MD
PO Box 929
125 Main St
Lasalle, 80645 284-6971
(H) 6180 W 24th St
Greeley, 80631 330-7620
WELD COUNTY MED. SOC.
FAMILY PRACTICE

LEADVILLE, CO

Callen, Wayne L, MD
825 W 6th
Leadville, 80461
(H) 789 Augusta
Box 1806
Leadville, 80461 (719)486-0622
LAKE COUNTY MED. SOC.
FAMILY PRACTICE

LEADVILLE - LITTLETON

Perna, John L, MD

825 W 6th
Leadville, 80461 (719)486-1264
(H) 1800 Silver Eagle Dr
Leadville, 80461 (719)486-3177
LAKE COUNTY MED. SOC.
FAMILY PRACTICE

Vanderschouw, H M, MD (Ret)

(H) PO Box 495
Leadville, 80461 (719)233-5752
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
FAMILY PRACTICE

LIMON, CO

Olson, Mark R, MD

1612 6th St
Limon, 80828 (719)775-2367
(H) PO Box 496
Limon, 80828
EASTERN COLORADO MED. SOC.
FAMILY PRACTICE

Pebler, Richard F, MD

1617 6th, Box A
Limon, 80828
(H) 920 H Ave
Limon, 80828
EASTERN COLORADO MED. SOC.
FAMILY PRACTICE

LITTLETON, CO

Abman, Carolyn F, MD

7720 S Broadway, #440
Littleton, 80122 795-0890
(H) 1303 S Downing St
Denver, 80210 744-1942
ARAPAHOE MED. SOC.
OB & GYN ECOLOGY

Altmix, Richard H, MD (Ret)

(H) 7548 S Cove Cir
Littleton, 80122
ARAPAHOE MED. SOC.
GENERAL PRACTICE

Andrews, Francine G, MD

8805 W 14th Ave, #202
Lakewood, 80215 234-1067
(H) 7855 S Windermere Cir
Littleton, 80120 797-6554
CLEAR CREEK VALLEY MED. SOC.
ALLERGY
ASTHMA
PEDIATRIC ALLERGY
ALLERGY & IMMUNOLOGY

Asher, Wilmer L, MD

3195 S Broadway
Englewood, 80110 781-5257
(H) 6432 W Fremont Dr
Littleton, 80123
ARAPAHOE MED. SOC.
GENERAL PRACTICE

Atkinson, Kenneth, MD

8210 S Holly, #214
Littleton, 80122 770-4471
(H) 6442 E Jamison Cir S
Englewood, 80112 741-5854
ARAPAHOE MED. SOC.
FAMILY PRACTICE

Austin, Robert C Jr, MD

191 E Orchard Rd
Littleton, 80121 795-5034
(H) 14 Village Rd
Englewood, 80110
ARAPAHOE MED. SOC.
GYNECOLOGY

Baines, R Dixie Jr, MD

1721 E 19th Ave
Denver, 80218 831-4774
(H) 7358 S Steele Cir
Littleton, 80122
DENVER MED. SOC.
INTERNAL MEDICINE
INFECTIOUS DISEASES

Baker, Claude D, MD

1820 Gilpin St, #210
Denver, 80218 388-6396
(H) 5295 W Plymouth Dr
Littleton, 80123
DENVER MED. SOC.
RADIOLOGY

Barter, Jeffrey, MD

8340 S Sangre De Cristo
Littleton, 80127 979-1234
(H) 8040 S Oneida Ct
Englewood, 80112
ARAPAHOE MED. SOC.
PEDIATRICS

Becker, Bruce A, MD

8015 W Alameda Ave, #040
Lakewood, 80226 232-3232
(H) 5500 W Bowles Ave
Littleton, 80123
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Berlin, Barry P, MD

7720 S Broadway, #250
Littleton, 80122 798-1309
ARAPAHOE MED. SOC.
OTORHINOLARYNGOLOGY
HEAD & NECK SURGERY
OTOLOGY
LARYNGOLOGY
FACIAL PLASTIC SURGERY

Bernhardt, Richard N, MD

6740 E Hampden Ave, #102
Denver, 80224 758-0139
(H) 4581 W Sumac Ln
Littleton, 80123
ARAPAHOE MED. SOC.
OB & GYN ECOLOGY

Birney, Janice L, MD

6169 S Balsam Way
Littleton, 80123 973-7771
(H) 17931 W 59th Ave
Golden, 80403
ARAPAHOE MED. SOC.
OTORHINOLARYNGOLOGY

Blayney, Robert L, MD

8370 W Coal Mine Ave, #105
Littleton, 80123 972-4017
(H) 2975 S Jackson St
Denver, 80210
ARAPAHOE MED. SOC.
INTERNAL MEDICINE

Bortz, Alan I, MD

7720 S Broadway
Littleton, 80122 798-9996
(H) 4505 S Yosemite #359
Denver, 80237
ARAPAHOE MED. SOC.
INTERNAL MEDICINE
ALLERGY
PULMONARY DISEASES

Boulder, Joel C, MD

8370 W Coal Mine Ave, #105
Littleton, 80123 972-4017
(H) 1667 Vine St
Denver, 80206
ARAPAHOE MED. SOC.
INTERNAL MEDICINE

Bowles, Roger E, MD

8340 S Sangre de Cristo
Littleton, 80127 979-1234
(H) 5957 S Glencoe Way
Littleton, 80121 850-7323
ARAPAHOE MED. SOC.
INTERNAL MEDICINE

Bowman, William J, MD

191 E Orchard Rd, #202
Littleton, 80121 795-5588
(H) 1172 Monaco Pkwy
Denver, 80220 377-3994
ARAPAHOE MED. SOC.
DERMATOLOGY

Brittain, Robert S, MD

6061 S Willow Dr, #270
Englewood, 80111 779-0550
(H) 5345 S Logan Dr
Littleton, 80121
ARAPAHOE MED. SOC.
GENERAL SURGERY
THORACIC SURGERY

Brodie, Harry, MD

6169 S Balsam Wy, #250
Littleton, 80123 933-8130
(H) 5234 S Camargo Rd
Littleton, 80123
ARAPAHOE MED. SOC.
FAMILY PRACTICE

Brown, Gerald D, MD

8340 S Sangre de Cristo
Littleton, 80127 979-1234
(H) 6000 S Eaton Ln
Littleton, 80123 794-1023
ARAPAHOE MED. SOC.
INTERNAL MEDICINE

Brown, Patricia S, MD

7720 S Broadway, #440
Littleton, 80122 795-0890
(H) 450 Clermont St
Denver, 80220
ARAPAHOE MED. SOC.
OB & GYN ECOLOGY

- Bublitz, Deborah K, MD**
7750 S Broadway
Littleton, 80122 794-1234
(H) 5621 Blue Sage Dr
Littleton, 80123
ARAPAHOE MED. SOC. PEDIATRICS
- Bushnell, Walter J, MD**
5150 Yale Cir, #301
Denver, 80222 759-5008
(H) 6916 S Cook Way
Littleton, 80122
ARAPAHOE MED. SOC. RHEUMATOLOGY
- Cabanilla, B Rodrigo, MD**
(H) 4400 Prospect Ave
Littleton, 80123
DENVER MED. SOC. OCCUPATIONAL MEDICINE
GENERAL PREVENTIVE MED
- Campbell, David N, MD**
4200 E 9th Ave, #C310
Denver, 80262 270-8527
(H) 6164 S Fairfax Ct
Littleton, 80121
DENVER MED. SOC. CARDIOVASCULAR SURGERY
THORACIC SURGERY
- Carson, Richard, MD**
8120 S Holly St
Littleton, 80122 850-9922
(H) 9424 E Orchard Dr
Englewood, 80111
ARAPAHOE MED. SOC. INTERNAL MEDICINE
CARDIOLOGY
- Cate, James R, MD**
601 E Hampden Ave, #500
Englewood, 80110 788-6861
(H) 5308 S Franklin Cir
Littleton, 80121
ARAPAHOE MED. SOC. OTORHINOLARYNGOLOGY
- Cedars, Leonard A, MD**
6169 S Balsam Wy, #350
Littleton, 80123 933-8222
(H) 6056 S Jamaica Way
Englewood, 80111
ARAPAHOE MED. SOC. OB & GYNECOLOGY
GYNECOLOGY
INFERTILITY
- Cerasoli, James R, MD**
950 E Harvard Ave, #380
Denver, 80210 777-8342
(H) 17 Carriage Ln
Littleton, 80121 779-0430
ARAPAHOE MED. SOC. OPHTHALMOLOGY
- Chang, Franklin M, MD**
Childrens Hosp
1056 E 19th Ave
Denver, 80218 861-6900
(H) 5830 S Franklin Ct
Littleton, 80121 795-9055
DENVER MED. SOC. ORTHOPEDIC SURGERY
- Chapman, Dane M, MD**
777 Bannock St
Emer Med
Denver, 80204 893-7034
(H) 8216 S Fillmore Cir
Littleton, 80122 770-8246
DIRECT CMS MEMBER EMERGENCY MEDICINE
- Chinburg, Ken G, MD**
3601 S Clarkson St, #540
Englewood, 80110 761-3520
(H) 7420 S Lafayette Cir W
Littleton, 80122
ARAPAHOE MED. SOC. PSYCHIATRY
- Cram, Jon J, MD**
7335 S Pierce St, #100
Littleton, 80123 979-7200
(H) 5229 S Dudley Ct
Littleton, 80123 973-9307
ARAPAHOE MED. SOC. FAMILY PRACTICE
- Crawford, Gayle P, MD**
9950 W 80th Ave, #27
Arvada, 80005 424-6466
(H) 4324 W Aberdeen Ave
Littleton, 80123
CLEAR CREEK VALLEY MED. SOC. OB & GYNECOLOGY
- Creer, Stephen M, MD**
501 E Hampden Ave
Englewood, 80110
(H) 7270 W Stetson Pl
Littleton, 80123
ARAPAHOE MED. SOC. EMERGENCY MEDICINE
- Currier, Laurence M, MD (Ret)**
(H) 1555 E Lake Pl
Littleton, 80121 798-5966
ARAPAHOE MED. SOC. PSYCHIATRY
- Dahl, Alvin E, MD (Ret)**
(H) 8201 S Santa Fe Dr #229
Littleton, 80120
ARAPAHOE MED. SOC. GENERAL PRACTICE
- Danner, Paul K, MD**
St Anthony Hosp-Rad
4231 W 16th Ave
Denver, 80204
(H) 6 Carriage Ln
Littleton, 80121 773-3473
CLEAR CREEK VALLEY MED. SOC. RADIOLOGY
- Darling, Bradford L, DO**
601 E Hampden Ave, #170
Englewood, 80110 788-6547
(H) 4950 S Albion St
Littleton, 80121
ARAPAHOE MED. SOC. FAMILY PRACTICE
GENERAL PRACTICE
- deCampo, Rosina E, MD**
2049 S Federal
Box 3542
Denver, 80219 731-7171
(H) 8235 S Jackson
Littleton, 80122
DENVER MED. SOC. PATHOLOGY
- deCampo, Teruel, MD**
1301 Pennsylvania St, #430
Denver, 80203 355-3885
(H) 2737 E Geddes Ave
Littleton, 80122
DENVER MED. SOC. ANESTHESIOLOGY
- Dickey, Gary D, MD**
4200 W Conejos Pl, #234
Denver, 80204 592-7284
(H) 5154 W Fair Ave
Littleton, 80123 794-8709
CLEAR CREEK VALLEY MED. SOC. PATHOLOGY
DERMATOPATHOLOGY
- Dimaria, Vincent A, MD**
7720 S Broadway, #330
Littleton, 80122 795-2345
(H) 6116 W Frost Dr
Littleton, 80123
ARAPAHOE MED. SOC. PEDIATRICS
- Doner, H Calvin, MD**
7750 S Broadway
Littleton, 80122 794-1234
(H) 833 W Geddes Ave
Littleton, 80120
ARAPAHOE MED. SOC. ALLERGY
- Dorr, Lugene A, MD**
4375 Wadsworth Blvd
Wheat Ridge, 80033 825-4111
(H) 5830 Bellflower Dr
Littleton, 80123
CLEAR CREEK VALLEY MED. SOC. ORTHOPEDIC SURGERY
SPORTS MEDICINE
TRAUMATIC SURGERY
PHYSICAL MEDICINE & REHAB
- Dunn, James M, MD**
3236 E Hinsdale Pl
Littleton, 80122 770-1312
ARAPAHOE MED. SOC. CLINICAL PHARMACOLOGY

LITTLETON

Eickhoff, Theodore C, MD Pres/St Luke's 601 E 19th Ave Denver, 80203 (H) 15 S Franklin Cir Littleton, 80121 DENVER MED. SOC.	869-2095	INTERNAL MEDICINE INFECTIOUS DISEASES MEDICAL EDUCATION EPIDEMIOLOGY	Gallagher, John Q, MD 1825 Gilpin St Denver, 80218 (H) 15 Carriage Ln Littleton, 80121 AURORA-ADAMS COUNTY MED. SOC. GENERAL SURGERY	399-1194 771-4785	Gordon, Gerald S, MD Denver Gen Hosp W 8th Ave & Cherokee St Denver, 80204 (H) 5562 W Geddes Pl Littleton, 80123 ARAPAHOE MED. SOC.	EMERGENCY MEDICINE CARDIOVASCULAR DISEASES
Eilert, Robert E, MD Children's Hosp 1056 E 19th Ave Denver, 80218 (H) 5017 E Nichols Pl Littleton, 80122 DENVER MED. SOC.	861-6600 770-9268	ORTHOPEDIC SURGERY PEDIATRIC SURGERY	Gamble, William E, MD 2005 Franklin St, #550 Denver, 80205 (H) 3700 E Long Rd Littleton, 80121 DENVER MED. SOC.	839-5383 771-5131	Greisman, Stewart L, DO Swedish Med Ctr PO Box 2901 Dept 7226 Englewood, 80110 (H) 3100 E Williamette Ln Littleton, 80121 ARAPAHOE MED. SOC.	788-6819 EMERGENCY MEDICINE
Evans, William Thomas, MD 1720 S Bellaire St, #1200 Denver, 80222 (H) 5405 Lakeshore Dr Littleton, 80123 DENVER MED. SOC.	691-0600	ORTHOPEDIC SURGERY PEDIATRIC SURGERY	Garfein, Arthur D, MD 191 E Orchard Rd, #303 Littleton, 80121 ARAPAHOE MED. SOC.	794-3232	Grund, Walter J, MD 191 E Orchard Rd, #201 Littleton, 80121 (H) 7618 S Cove Cir Littleton, 80122 ARAPAHOE MED. SOC.	794-8084 GYNECOLOGY
Fletcher, Christopher S, MD 4535 S Kipling St Littleton, 80127 DENVER MED. SOC.	973-0798	FAMILY PRACTICE	Garnand, Richard B, MD 6169 S Balsam Way, #310 Littleton, 80123 CLEAR CREEK VALLEY MED. SOC.	620-7082	Hansen, Richard N, MD 7750 S Broadway Littleton, 80122 (H) 4080 S Cherry St Englewood, 80110 ARAPAHOE MED. SOC.	794-1234 757-1576 INTERNAL MEDICINE GASTROENTEROLOGY
Forstot, S Lance, MD 8381 Southpark Ln Littleton, 80120 (H) 2232 Albion St Denver, 80207 DENVER MED. SOC.	730-0404 399-5143	OPHTHALMOLOGY	Gillesby, Robert J, MD 950 E Harvard Ave, #660 Denver, 80210 (H) 7068 S Madison Way Littleton, 80122 ARAPAHOE MED. SOC.	744-1821	Harken, Aiden H, MD 4200 E 9th Ave, #C-305 Denver, 80262 (H) 6 Windover Rd Littleton, 80121 DENVER MED. SOC.	270-8055 CARDIOVASCULAR SURGERY THORACIC SURGERY
Frank, Lorenz S, MD (Ret) (H) 7712 S Vine Littleton, 80122 ARAPAHOE MED. SOC.	798-1727	INTERNAL MEDICINE	Glasco, Donald G, MD 191 E Orchard Rd, #203 Littleton, 80121 (H) 230 E Graves Ave Littleton, 80121 ARAPAHOE MED. SOC.	794-2173	Glasser, Edward J, MD 7750 S Broadway Littleton, 80122 ARAPAHOE MED. SOC.	794-1234 PEDIATRICS
Freeman, Jerry A, MD 5 Carriage Ln Littleton, 80121 (H) 5 Carriage Ln Littleton, 80121 DENVER MED. SOC.	894-9797 771-2415	ANESTHESIOLOGY	Gleichman, Theodore K, MD (Ret) (H) 1 Southridge Way Littleton, 80120 ARAPAHOE MED. SOC.	798-4252	Harrison, Charles S, MD (Ret) (H) 1250 Crestridge Dr Littleton, 80121 CLEAR CREEK VALLEY MED. SOC.	GENERAL SURGERY
Fried, Herbert I, MD 1471 Stuart St Denver, 80204 (H) 4591 Tule Lake Dr Littleton, 80123 CLEAR CREEK VALLEY MED. SOC.	825-0288	NEUROLOGICAL SURGERY	Gonzalez, David M, MD (H) 6458 S Hudson Littleton, 80120 DIRECT CMS MEMBER	794-4301	Hatfield, Wendell, MD 191 E Orchard Rd Littleton, 80121 ARAPAHOE MED. SOC.	794-4149 INTERNAL MEDICINE RHEUMATOLOGY
Goodman, Stephen B, MD 191 E Orchard Rd, #205 Littleton, 80121 ARAPAHOE MED. SOC.	794-4301	INTERNAL MEDICINE	Good, Richard L, MD 7720 S Broadway Littleton, 80122 ARAPAHOE MED. SOC.	798-9996	Hawes, Charles R, MD Children's Hosp Denver, 80218 (H) 2156 W Davies Ave Littleton, 80120 DENVER MED. SOC.	861-6820 794-0156 PEDIATRIC CARDIOLOGY

Heavrin, John S, MD 7373 W Jefferson, #201 Lakewood, 80235 (H) 4538 W Lake Cir Littleton, 80123 ARAPAHOE MED. SOC.	969-0180 797-3547	OB & GYNECOLOGY INFERTILITY	Jacobsen, Merl M, DO 5745 S Bannock St Littleton, 80120 (H) 6167 S Lakeview Littleton, 80120 ARAPAHOE MED. SOC.	794-6357 798-5671	UNSPECIFIED	Konigsberg, Robert A, DO 9950 W 80th Ave, #23 Arvada, 80005 (H) 1129 E Phillips Littleton, 80122 CLEAR CREEK VALLEY MED. SOC.	424-7877 OB & GYNECOLOGY
Helss, Robert E, MD 950 E Harvard Ave, #310 Denver, 80210 (H) 6567 S Hill St Littleton, 80120 ARAPAHOE MED. SOC.	777-8777 795-0716	OPHTHALMOLOGY	Jobe, Wm Louis, MD 2465 S Downing St Denver, 80210 (H) 4881 S Albion St Littleton, 80121 ARAPAHOE MED. SOC.	RADIOLOGY		Kort, W Thomas, MD 3333 S Wadsworth Blvd, #302 Lakewood, 80227 (H) 5100 Bowmar Dr Littleton, 80123 CLEAR CREEK VALLEY MED. SOC.	989-5231 730-0828 DERMATOLOGY
Hixon, Walter S, MD 5182 W Maplewood Pl Littleton, 80123 (H) 5182 W Maplewood Pl Littleton, 80123 CLEAR CREEK VALLEY MED. SOC.	GENERAL PRACTICE		Johnson, R Reed, MD 4242 E Amherst Ave Denver, 80222 (H) 302 Shadycroft Ln Littleton, 80120 DENVER MED. SOC.	756-6961	PEDIATRICS	Kovachy, Robin J, MD 7750 S Broadway Littleton, 80122 (H) 17447 E Long Ave Aurora, 80016 ARAPAHOE MED. SOC.	770-3522 HEMATOLOGY ONCOLOGY
Hoffman, Richard A, MD 2600 S Parker Rd Aurora, 80014 (H) 4700 Bow Mar Dr Littleton, 80123 AURORA-ADAMS COUNTY MED. SOC.	750-2082	PSYCHIATRY	Kandel, George E, MD 700 Broadway Denver, 80203 (H) 8011 Lodgepole Tr Littleton, 80124 DENVER MED. SOC.	831-3366	FAMILY PRACTICE AEROSPACE MEDICINE	Kowal, Ira J, MD 601 E Hampden Ave, #460 Englewood, 80110 (H) 2800 Willamette Ln Littleton, 80121 ARAPAHOE MED. SOC.	788-6678 CARDIOVASCULAR DISEASES
Howard, K Mason Jr, MD 6061 S Willow Dr, #230 Englewood, 80111 (H) 5 Village Dr Littleton, 80123 ARAPAHOE MED. SOC.	779-0044 795-9751	ORTHOPEDIC SURGERY	Kane, Gregory A, MD (H) 5760 Oak Creek Ln Littleton, 80121 DIRECT CMS MEMBER			Kraft, Elizabeth S, MD 7061 S University Blvd, #202 Littleton, 80122 (H) 8195 S Poplar Way Englewood, 80112 ARAPAHOE MED. SOC.	795-7752 FAMILY PRACTICE
Hoyt, Charles G, MD (Ret) (H) 6647 S Cherry Way Littleton, 80121 DENVER MED. SOC.	INTERNAL MEDICINE		Kaufman, Joel M, MD 730 Potomac Aurora, 80011 (H) 15 Meadowview Ln Littleton, 80121 AURORA-ADAMS COUNTY MED. SOC.	344-5355 781-3220	UROLOGICAL SURGERY	Kreye, George M, MD 7720 S Broadway, #520 Littleton, 80122 ARAPAHOE MED. SOC.	795-2030 DERMATOLOGY
Hughes, John S, MD 501 E Hampden Ave Englewood, 80110 (H) 10993 Twin Cubs Littleton, 80125 ARAPAHOE MED. SOC.	(804)464-7404	OCCUPATIONAL MEDICINE	Kayser, Harold L, MD 9600 Cougar Rd Littleton, 80127 (H) 9600 Cougar Rd Littleton, 80127 CLEAR CREEK VALLEY MED. SOC.	CARDIOLOGY		Langstaff, Saml H, MD 191 E Orchard Rd Littleton, 80121 (H) 2860 Williamette Ln Littleton, 80121 ARAPAHOE MED. SOC.	798-2523 771-2781 FAMILY PRACTICE
Huston, Jeffrey D, MD 1555 Clarkson St Denver, 80203 (H) 7421 S Fillmore Cir Littleton, 80122 DENVER MED. SOC.	831-7171	INTERNAL MEDICINE GASTROENTEROLOGY	King, Robert A, MD 7720 S Broadway, #200 Littleton, 80122 (H) 747 Grape St Denver, 80222 ARAPAHOE MED. SOC.	797-8777	OPHTHALMOLOGY	Law, Dennis K, MD 4045 Wadsworth Blvd, #208 Wheat Ridge, 80033 (H) 3440 E Williamette Ln Littleton, 80121 CLEAR CREEK VALLEY MED. SOC.	467-1243 GENERAL SURGERY
Iskander, Laurice, MD 750 S Potomac Aurora, 80014 (H) 4831 E Fair Ct Littleton, 80121 DENVER MED. SOC.	OB & GYNECOLOGY		Koepke, Jerald W, MD 5800 E Evans Ave Denver, 80222 (H) 5885 W Quarles Dr Littleton, 80123 ARAPAHOE MED. SOC.	756-3614	ALLERGY & IMMUNOLOGY PEDIATRIC ALLERGY PEDIATRICS OCCUPATIONAL MEDICINE	Lee, William H, MD 7720 S Broadway, #440 Littleton, 80122 (H) 8197 Lodgepole Tr Littleton, 80124 ARAPAHOE MED. SOC.	795-0890 790-4026 OB & GYNECOLOGY INFERTILITY

LITTLETON

Link, David B, MD 7750 S Broadway Littleton, 80122 (H) 7226 S Steele Cir Littleton, 80122 ARAPAHOE MED. SOC.	794-1234	INTERNAL MEDICINE ONCOLOGY	McDonald, Roderick J Jr, MD 1776 Leyden St Denver, 80220 (H) 16 Wedge Way Littleton, 80123 DENVER MED. SOC.	322-4343	PEDIATRICS	Muffly, Harry M, MD 3535 S Lafayette St Englewood, 80110 (H) 1201 Green Meadow Ln Littleton, 80121 ARAPAHOE MED. SOC.	781-5525	GYNECOLOGY INFERTILITY
List, James E, MD 1820 Gilpin St Denver, 80218 (H) 3 Carriage Ln Littleton, 80121 DENVER MED. SOC.	388-6396 771-4289	RADIOLOGY	McGlone, Frank B, MD 1420 Ogden St Denver, 80218 (H) 11 Columbine Ln Littleton, 80123 DENVER MED. SOC.	832-6069 794-1651	INTERNAL MEDICINE GERIATRICS	Murphy, Carla E, DO St Anthony Hosp Emer Dept Denver, 80204 (H) 4801 S Wadsworth Blvd #2-209 Littleton, 80123 DIRECT CMS MEMBER	629-3721	EMERGENCY MEDICINE
Loeffler, Richard T, MD Emergency Department 1501 S Potomac Aurora, 80012 (H) 7367 S Fillmore Cir Littleton, 80122 AURORA-ADAMS COUNTY MED. SOC.	695-2628 773-8912	EMERGENCY MEDICINE	Miller, Meredith H, MD 601 E Hampden Ave, #340 Englewood, 80110 (H) RR3 Box 149 1775 McArthur Ranch Littleton, 80124 ARAPAHOE MED. SOC.	788-4000	NEUROLOGICAL SURGERY	Nay, Leston B, MD 7720 S Broadway, #480 Littleton, 80122 (H) 8405 E Hampden #9H Denver, 80231 ARAPAHOE MED. SOC.	794-8999	NEUROLOGY CHILD NEUROLOGY
Loken, Arnold B, DO 191 E Orchard Rd, #305 Littleton, 80121 (H) 1528 W Maplewood Littleton, 80120 ARAPAHOE MED. SOC.	794-2322	FAMILY PRACTICE PROCTOLOGY	Moffatt, Thomas W Jr, MD 6169 S Balsam Way, #240 Littleton, 80123 (H) 2264 S Youngfield Ct Lakewood, 80228 ARAPAHOE MED. SOC.	972-0463	OB & GYNECOLOGY	Needham, Merl E, MD 7373 W Jefferson, #102 Denver, 80235 (H) 5958 S Zenobia Ct Littleton, 80123 ARAPAHOE MED. SOC.	988-5252 795-9947	PEDIATRICS
Lucas, John L, MD 1555 Clarkson St Denver, 80203 (H) 3498 E Jamison Ave Littleton, 80122 DENVER MED. SOC.	831-7171 741-6351	FAMILY PRACTICE GENERAL PREVENTIVE MED	Molk, Kevin J, MD 8120 S Holly St, #106 Littleton, 80122 ARAPAHOE MED. SOC.	770-0500	INTERNAL MEDICINE	Nicholson, Stephen S, MD 7373 W Jefferson, #102 Lakewood, 80235 (H) 8283 S St Paul Way Littleton, 80122 DENVER MED. SOC.	988-5252	PEDIATRICS
Luzietti, Richard G, MD 750 Potomac St, #227 Aurora, 80011 (H) 5373 E Lake Pl Littleton, 80121 AURORA-ADAMS COUNTY MED. SOC.	360-0312	ALLERGY IMMUNOLOGY PULMONARY DISEASES INTERNAL MEDICINE	Montgomery, Eva, MD 7373 W Jefferson, #102 Lakewood, 80235 (H) 3208 E Phillips Dr Littleton, 80122 ARAPAHOE MED. SOC.	PEDIATRICS	PEDIATRICS	O'Brien, Martin E, MD 501 E Hampden Ave PO Box 2901 Dept 7221 Englewood, 80110 (H) 7827 S Forest St Littleton, 80122 ARAPAHOE MED. SOC.	773-2314	EMERGENCY MEDICINE
Maxwell, James C, MD 950 E Harvard Ave, #380 Denver, 80210 (H) 11792 Maxwell Hill Rd Littleton, 80127 ARAPAHOE MED. SOC.	744-1086	OPHTHALMOLOGY	Moore, Virginia M, MD 8340 S Sangre de Cristo Littleton, 80127 (H) 4396 W Lake Cir Littleton, 80123 ARAPAHOE MED. SOC.	979-1234	PEDIATRICS	Ochsner, Ronald C, MD 601 E Hampden Ave, #370 Englewood, 80110 (H) 4541 Sumac Ln Littleton, 80123 ARAPAHOE MED. SOC.	761-5325	ORTHOPEDIC SURGERY SPORTS MEDICINE
Mayeda, Thomas K, MD 5944 S Kipling, #302 Littleton, 80127 CLEAR CREEK VALLEY MED. SOC.	989-5954	INTERNAL MEDICINE	Morrison, John D, MD 950 E Harvard Ave, #440 Denver, 80210 (H) 1 Windover Rd Littleton, 80121 ARAPAHOE MED. SOC.	777-0577	FAMILY PRACTICE	Ogsbury, James S, MD 8370 W 38th Ave, #102C Wheat Ridge, 80033 (H) 9 Windover Rd Littleton, 80121 DENVER MED. SOC.	431-6678	NEUROLOGICAL SURGERY
			Mountain, Richard D, MD 950 E Harvard Ave, #200 Denver, 80210 (H) 6553 S Madison Ct Littleton, 80121 ARAPAHOE MED. SOC.	777-8766	PULMONARY DISEASES INTERNAL MEDICINE			

Oliphant, Manford M Jr, MD 1955 Pennsylvania St, #400 Denver, 80203 (H) 10 Windover Rd Littleton, 80121 DENVER MED. SOC.	831-8344	OB & GYNECOLOGY	Perry, Robert B, MD 7720 S Broadway, #400 Littleton, 80122 (H) 2711 E Williamette Ln Littleton, 80121 ARAPAHOE MED. SOC.	794-5954	PSYCHOSOMATIC MED HYPNOSIS GENERAL PRACTICE	Rauzi, Frank R, MD 6169 S Balsam Way, #250 Littleton, 80123 (H) 6352 S Reed Ct Littleton, 80123 ARAPAHOE MED. SOC.	933-8130 973-6205	FAMILY PRACTICE
Orton, Paul W, MD 206 W County Line Rd, #340 Highlands Ranch, 80126 (H) 6860 S Lee Way Littleton, 80127 ARAPAHOE MED. SOC.	791-0410 978-0398	DERMATOLOGY	Peterson, Harold R, MD (Ret) 6220 S Broadway Littleton, 80121 (H) 10 Fairway Ln Littleton, 80123 ARAPAHOE MED. SOC.	794-1111	OPHTHALMOLOGY	Rich, Berkeley L, MD 7750 S Broadway Littleton, 80122 ARAPAHOE MED. SOC.	794-1234	PEDIATRICS
Osa, Steven R, MD 950 E Harvard Ave, #650 Denver, 80210 (H) 7574 S Cook Way Littleton, 80122 ARAPAHOE MED. SOC.	722-4683 694-9647	ENDOCRINOLOGY & METABOLISM	Poticha, Gerald S, MD 8120 S Holly St, #110 Littleton, 80122 (H) 5405 S Niagara Ct Englewood, 80111 ARAPAHOE MED. SOC.	850-9922	INTERNAL MEDICINE ENDOCRINOLOGY & METABOLISM	Richardson, Kenneth R, MD 2201 Wadsworth Blvd Lakewood, 80215 (H) 5087 W Maplewood Ave Littleton, 80123 CLEAR CREEK VALLEY MED. SOC.	234-0445 795-3120	ANESTHESIOLOGY
Pappas, George, MD Children's Hosp 1056 E 19th Ave Denver, 80218 (H) 3595 E Long Rd Littleton, 80121 DENVER MED. SOC.	861-6660 740-8214	THORACIC SURGERY CARDIOVASCULAR SURGERY	Pratt, Elmer B, MD (Ret) (H) 2897 W Riverwalk Cir #205 Littleton, 80123 DENVER MED. SOC.		INTERNAL MEDICINE	Rifkin, Ira, MD 1555 S Wadsworth Blvd Denver, 80226 (H) 6016 S Coventry Ln E Littleton, 80123 CLEAR CREEK VALLEY MED. SOC.	988-0150 795-1995	OB & GYNECOLOGY
Parker, Robert W, DO (H) 10102 W Ida Ave #223 Littleton, 80127 CLEAR CREEK VALLEY MED. SOC.	978-9917		Preshaw, D Edwin, MD 7750 S Broadway Littleton, 80122 ARAPAHOE MED. SOC.	794-1234	GENERAL SURGERY	Roberts, John F, MD 3576 S Logan St Englewood, 80110 (H) 2600 E Williamette Ln Littleton, 80121 ARAPAHOE MED. SOC.	761-9190 771-0764	RADIOLOGY
Parry, Lynn, MD 2020 Wadsworth Blvd, #20 Lakewood, 80215 (H) 4591 Tule Lake Dr Littleton, 80123 CLEAR CREEK VALLEY MED. SOC.	237-9505 794-4011	NEUROLOGY	Quick, George E, MD 1201 E 17th Ave Denver, 80218 (H) 2 Cottonwood Ln Littleton, 80121 DIRECT CMS MEMBER	837-6598 761-3781	FAMILY PRACTICE	Rohrer, H Hugh, MD 7000 E Bellevue, #301 Englewood, 80111 (H) 5449 E Long Pl Littleton, 80122 ARAPAHOE MED. SOC.	220-9200 796-7760	
Parsons, Donald W, MD 2045 Franklin St Denver, 80205 (H) 6380 S Coventry Ln W Littleton, 80123 DENVER MED. SOC.	861-2121 795-6752	GENERAL SURGERY	Rastrelli, Alan J, MD 850 E Harvard Ave, #355 Denver, 80210 (H) 4610 E Links Pkwy Littleton, 80122 ARAPAHOE MED. SOC.		ANESTHESIOLOGY	Rollinger, Charles L, MD 1900 W Littleton Blvd Littleton, 80120 (H) 2300 S Cook St Denver, 80210 ARAPAHOE MED. SOC.	978-4536	FAMILY PRACTICE
Peacock, William F, MD 7750 S Broadway Littleton, 80122 ARAPAHOE MED. SOC.	794-1234	INTERNAL MEDICINE RHEUMATOLOGY	Ratner, Karen N, MD 8120 S Holly St, #106 Littleton, 80122 (H) 1970 S Deframe Way Lakewood, 80228 ARAPAHOE MED. SOC.	985-9851	INTERNAL MEDICINE	Roney, Patrick J, MD 2594 W Crestline Ave Littleton, 80120 (H) 1275 Gaylord Denver, 80206 ARAPAHOE MED. SOC.		FAMILY PRACTICE MEDICAL AUTOMATION GENERAL PREVENTIVE MED
Percefull, Sabin C, MD 3535 S Lafayette St Englewood, 80110 (H) #2 Club Ln Littleton, 80123 ARAPAHOE MED. SOC.	761-3498	GASTROENTEROLOGY INTERNAL MEDICINE	Ratzer, Erick R, MD 1825 Gilpin St, #5 Denver, 80218 (H) 3 Cimarron Dr Littleton, 80121 DENVER MED. SOC.	399-1194 781-2002	GENERAL SURGERY	Roos, David B, MD 1721 E 19th Ave, #138 Denver, 80218 (H) 9 Carriage Ln Littleton, 80121 DENVER MED. SOC.	863-7667 771-8066	GENERAL SURGERY THORACIC SURGERY

LITTLETON

Roos, Edith E, MD 1721 E 19th Ave, #138 Denver, 80218 (H) 9 Carriage Ln Littleton, 80121 DENVER MED. SOC.	861-8110	ANESTHESIOLOGY
Rumack, Barry H, MD 645 Bannock Denver, 80204 (H) 4949 S Albion St Littleton, 80121 DENVER MED. SOC.	893-7774	PEDIATRICS
Sachs, Robert A, MD 8010 S Holly, #200 Littleton, 80122 (H) 7036 S Cook Way Littleton, 80122 ARAPAHOE MED. SOC.	779-1444	PEDIATRICS
Sandhaus, Robert A, MD 950 E Harvard Ave Denver, 80210 (H) 1478 E Irwin Ln Littleton, 80122 ARAPAHOE MED. SOC.	77-8766	INTERNAL MEDICINE PULMONARY DISEASES CRITICAL CARE MEDICINE
Sargent, Frank T, MD 601 E Hampden Ave, #580 Englewood, 80110 (H) 13 Carriage Ln Littleton, 80121 ARAPAHOE MED. SOC.	788-6877 773-3317	UROLOGICAL SURGERY
Sargent, Robert A, MD 7720 S Broadway, #200 Littleton, 80122 (H) 6152 E Princeton Cir Englewood, 80111 ARAPAHOE MED. SOC.	797-8777 753-1335	OPHTHALMOLOGY PEDIATRICS
Schechter, Philip A, MD 8120 S Holly, #204 Littleton, 80112 (H) 9978 E Maplewood Ave Englewood, 80111 ARAPAHOE MED. SOC.	740-9440	GENERAL SURGERY THORACIC SURGERY CARDIOVASCULAR SURGERY
Schmidt, Alden T Jr, MD 850 E Harvard Ave, #555 Denver, 80210 (H) 7325 S Kendall Blvd Littleton, 80123 ARAPAHOE MED. SOC.	778-8390	UROLOGICAL SURGERY
Scott, Floyd E, MD 2525 S Downing St Denver, 80210 (H) 1601 Cherryville Rd Littleton, 80121 ARAPAHOE MED. SOC. PHYSICAL MEDICINE & REHAB	777-4337 761-1690	
Seibert, Charles E, MD 3576 S Logan St Englewood, 80110 (H) 1 Cimarron Dr Littleton, 80121 ARAPAHOE MED. SOC.	761-9190	DIAGNOSTIC RADIOLOGY
Shattuck, Robert C, MD (Ret) (H) 6494 S Sycamore St Littleton, 80120 DENVER MED. SOC.		
Shealy, Stephen H, MD 7410 S Steele Cr Littleton, 80122 (H) 7410 S Steele Cir Littleton, 80122 DENVER MED. SOC.	322-1891	INTERNAL MEDICINE RADIOLOGY
Shippert, Ronald D, MD 1455 S Potomac St, #201 Aurora, 80012 (H) 4975 S Albion St Littleton, 80121 AURORA-ADAMS COUNTY MED. SOC. FACIAL PLASTIC SURGERY	751-4224	
Smith, Barry R, MD 950 E Harvard Ave, #480 Denver, 80210 (H) 6395 S Jackson St Littleton, 80121 ARAPAHOE MED. SOC. CARDIOVASCULAR DISEASES	778-6880	
Smith, Elwin A, MD Metropolitan Paths 4200 W Conejos Pl #234 Denver, 80204 (H) 3235 E Easter Pl Littleton, 80122 DENVER MED. SOC.	623-2976 771-9403	ANATOMIC PATHOLOGY CLINICAL PATHOLOGY
Snively, Steven L, MD 2005 Franklin St, #780 Denver, 80205 (H) 5750 Green Oaks Dr Littleton, 80121 DENVER MED. SOC.		PLASTIC SURGERY
Snyder, Robert, MD PO Box 621223 Littleton, 80162 CLEAR CREEK VALLEY MED. SOC. GENERAL PRACTICE		
Spalter, Roger M, MD 7720 S Broadway, #330 Littleton, 80122 ARAPAHOE MED. SOC.		PEDIATRICS
Spees, Alan J, MD 155 S Madison St, #210 Denver, 80209 (H) 1000 Sunset Ridge Littleton, 80121 DENVER MED. SOC.	863-7575	INTERNAL MEDICINE
Spurck, Robert P, MD 280 Columbine St, #312 Denver, 80206 (H) 2250 Crestridge Dr Littleton, 80121 DENVER MED. SOC.	322-1891 789-0765	RADIOLOGY
Stevens, Sydney L, MD 6003 S Bellaire Way Littleton, 80121 (H) 6003 S Bellaire Way Littleton, 80121 DENVER MED. SOC.	388-6396 755-3428	DIAGNOSTIC RADIOLOGY
Stokes, Michael F, MD 1835 Franklin St Dept Radiation Therapy Denver, 80218 (H) 7747 S Forest Ct Littleton, 80122 DENVER MED. SOC.	837-6860 694-0481	THERAPEUTIC RADIOLOGY
Story, Helen M, MD 6169 S Balsam Way, #250 Littleton, 80123 (H) Box 3429 Evergreen, 80439 ARAPAHOE MED. SOC.	933-8130	FAMILY PRACTICE
Strasburger, Arthur K, MD 7720 S Broadway, #500 Littleton, 80122 (H) 1600 E Layton Dr Englewood, 80110 ARAPAHOE MED. SOC.	798-8107	ORTHOPEDIC SURGERY
Straub, John C Jr, MD (Ret) (H) 11633 Elk Head Range Rd Littleton, 80127 EASTERN COLORADO MED. SOC.	979-3382	FAMILY PRACTICE
Sunde, Paul M, MD 7335 S Pierce St, #100 Littleton, 80123 (H) 8956 W Prentice Ave Littleton, 80123 ARAPAHOE MED. SOC.	979-7200	FAMILY PRACTICE
Swanson, Michael S, MD 601 E Hampden Ave, #185 Englewood, 80110 (H) 7706 S Madison Cir Littleton, 80122 ARAPAHOE MED. SOC.	788-6371 850-0719	OB & GYN ECOLOGY

LITTLETON - LONGMONT

Wilson, W Bruce, MD
850 E Harvard, #535
Denver, 80210 733-5333
(H) 1999 Green Oaks Dr
Littleton, 80121
ARAPAHOE MED. SOC.
OPHTHALMOLOGY

Wilson, William B Jr, MD
Denver Gen Hosp
777 Bannock St
Denver, 80204 893-7656
(H) 5490 S University Blvd
Littleton, 80121 779-3618
DENVER MED. SOC.
OB & GYNECOLOGY
SEXUAL DYSFUNCTION

Witten, Julia S, MD (Ret)
(H) 2 Bradbury Ln
Littleton, 80120
DENVER MED. SOC.
RADIOLOGY

Wolf, Mark R, MD
8370 W Coal Mine Rd, #102
Littleton, 80123 973-2828
ARAPAHOE MED. SOC.
OB & GYNECOLOGY

Wood, John M, MD
3475 S Lafayette St
Englewood, 80110 761-9107
(H) 1715 Cherryville Rd
Littleton, 80121
ARAPAHOE MED. SOC.
ANATOMIC PATHOLOGY
FORENSIC PATHOLOGY
TOXICOLOGY

Wood, Lawrence Gilmore, MD
7750 S Broadway
Littleton, 80122 794-1234
(H) 943 Olive St
Denver, 80220
ARAPAHOE MED. SOC.
INTERNAL MEDICINE

Zwiebel, Paul C, MD
3597 S Pearl St
Englewood, 80110 781-8288
(H) 5311 E Hinsdale
Littleton, 80122
ARAPAHOE MED. SOC.
PLASTIC SURGERY

LIVERMORE, CO

DeYoung, M T, MD
1212 E Elizabeth St
Fort Collins, 80524 482-2791
(H) 13090 Red Feather La Rd
Livermore, 80536 493-5315
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE

LONGMONT, CO

Amoroso, Christian R, MD
Cao Eastman Kodak Co
Windsor, 80550 686-7611
(H) 1815 3rd Ave
Longmont, 80501
BOULDER COUNTY MED. SOC.
OCCUPATIONAL MEDICINE

Armour, Ross W, MD
1309 Sunset St
Longmont, 80501 772-5578
(H) 1937 Juniper St
Longmont, 80501 772-6916
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Backup, Linda D, MD
1925 W Mountain View Ave
Longmont, 80501 776-1234
(H) Box 2509
Lyons, 80540
BOULDER COUNTY MED. SOC.
CARDIOLOGY
CARDIOVASCULAR DISEASES
INTERNAL MEDICINE

Bane, James J, MD
% General Care Clinic
700 Florida Ave #202
Longmont, 80501 772-3388
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE

Bender, Brice J, MD
1950 W Mountain View Ave
Dept of Path
Longmont, 80501
BOULDER COUNTY MED. SOC.
PATHOLOGY

Benson, Alan E, MD
1950 W Mountain View Ave
PO Box 1659
Longmont, 80501 651-5085
(H) 3333 Camden Dr
Longmont, 80501
BOULDER COUNTY MED. SOC.
PATHOLOGY
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY

Berg, Kevin R, MD
1925 Mountain View Ave
Longmont, 80501 776-1234
(H) 1153 Princeton Dr
Longmont, 80501 772-6364
BOULDER COUNTY MED. SOC.
GENERAL SURGERY

Berry, William R, MD
1925 W Mountain View Ave
Longmont Clinic
Longmont, 80501 776-1234
(H) 12959 Hillcrest
Longmont, 80501 772-3765
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
GASTROENTEROLOGY

Britton, James A, MD
1925 Mountain View
Longmont, 80501 776-1234
BOULDER COUNTY MED. SOC.
ORTHOPEDIC SURGERY
HAND SURGERY

Brockway, Roger W, MD
1330 Vivian St
Longmont, 80501
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Budge, John C, MD
1380 Tulip, #D
Longmont, 80501
(H) 647 Crawford Ct
Longmont, 80501
BOULDER COUNTY MED. SOC.
RADIOLOGY

Carr, Alfred N, MD
1446 Hover Rd
Longmont, 80501 772-3204
(H) 1193 Purdue Dr
Longmont, 80501 772-8499
BOULDER COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Carson, John D, MD
1925 W Mountain View Ave
Longmont, 80501 776-1234
(H) 5036 Fox Hill Dr
Longmont, 80501 772-6856
BOULDER COUNTY MED. SOC.
OB & GYNECOLOGY

Cavanaugh, Kenneth J, MD
1309 Frontier St, #B
Longmont, 80501 772-1500
(H) 2210 Riviera Pl
Longmont, 80501 776-0190
BOULDER COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Cavanaugh, Patrick R, DO
1350 Stuart St
Longmont, 80501 776-7300
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Ceriani, Philip D, MD
Longmont Clinic
1925 Mountain View Ave
Longmont, 80501 776-1234
(H) 1268 Fox Hill Dr
Longmont, 80501 776-9618
BOULDER COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Clark, Scott D, MD
1925 Mountain View Ave
Longmont, 80501 651-3662
(H) 3325 Camden
Longmont, 80501
BOULDER COUNTY MED. SOC.
DERMATOLOGY

Cletcher, John O Jr, MD
1331 Linden St
Longmont, 80501 772-5300
(H) 7421 Nelson Rd
Longmont, 80501 776-1583
BOULDER COUNTY MED. SOC.
ORTHOPEDIC SURGERY

- Colberg, Craig S, MD**
1925 W Mountain View
Longmont, 80501
(H) 3715 W Mountain View
Longmont, 80501
BOULDER COUNTY MED. SOC.
OB & GYNECOLOGY
- Colton, Albert H, MD**
1950 Mountain View Ave
Longmont United Hosp
Longmont, 80501 651-5000
(H) 5515 Baca Cir
Boulder, 80301
BOULDER COUNTY MED. SOC.
EMERGENCY MEDICINE
- Darrah, Thomas J, MD**
1309 Frontier St, #B
Longmont, 80501 772-1500
(H) 809 Panorama Cir
Longmont, 80501
BOULDER COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- Fitzgerald, David T, MD**
1925 W Mountain View Ave
Longmont, 80501 651-3939
BOULDER COUNTY MED. SOC.
PEDIATRICS
- Freudenburg, James C, MD**
1925 Mountain View Ave
Longmont, 80501 776-1234
(H) 1773 Harbor Ln
Longmont, 80501
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Glode, John E, MD**
1925 W Mountain View Ave
Longmont, 80501 651-7474
(H) Box 157
Hygiene, 80533
BOULDER COUNTY MED. SOC.
CARDIOVASCULAR DISEASES
INTERNAL MEDICINE
- Good, David M, MD**
1707 N Main, #404
Longmont, 80501 776-9797
(H) 1329 Horizon Ln
Longmont, 80501
BOULDER COUNTY MED. SOC.
PSYCHIATRY
- Haley, James S, MD (Ret)**
(H) 340 Crestridge Ln
Longmont, 80501
BOULDER COUNTY MED. SOC.
GENERAL SURGERY
- Henderson, Stephen R, MD**
1850 W Mountain View Ave
Longmont, 80501 776-7000
BOULDER COUNTY MED. SOC.
UROLOGICAL SURGERY
- Hogan, James L, MD**
2551 W 84th Ave
St Anthony No Hosp
Westminster, 80030 426-2020
(H) 459 Golden Ln
Longmont, 80501
CLEAR CREEK VALLEY MED. SOC.
EMERGENCY MEDICINE
- Holt, Peter B, MD**
1319 Frontier St
Longmont, 80501
(H) 1853 Arapahoe Dr
Longmont, 80501 772-5131
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
- Huffman, Thomas A, MD**
1005 17th, #470
Denver, 80202 896-3043
(H) PO Box 483
Longmont, 80501
BOULDER COUNTY MED. SOC.
OCCUPATIONAL MEDICINE
CARDIOVASCULAR DISEASES
- Jones, Harry D, MD (Ret)**
(H) 435 Bowen St
Longmont, 80501
BOULDER COUNTY MED. SOC.
GENERAL SURGERY
- Jorgensen, Roger L, MD**
1466 Hover Rd
Longmont, 80501 772-3300
(H) 14222 N 95th
Longmont, 80501
BOULDER COUNTY MED. SOC.
OPHTHALMOLOGY
- Kelley, Severance B, MD**
1380 Tulip St, #P
Longmont, 80501 772-3644
(H) 1224 Princeton Ct
Longmont, 80501 772-3839
BOULDER COUNTY MED. SOC.
PSYCHIATRY
- Knopper, Morton P, DO**
1380 Tulip St, #Q
Longmont, 80501
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Koelsch, Harmut W, MD**
1925 Mountain View
Longmont, 80501 776-1234
(H) Longmont, 80501
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
NEPHROLOGY
- Kroger, J Stephen, MD**
1319 Frontier St
Longmont, 80501 776-1532
(H) 1925 Spruce Ave
Longmont, 80501 776-5633
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
DIABETES
- Laitos, Mark M, MD**
1309 Sunset St
Longmont, 80501 772-5578
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
- Lavrinets, David A, MD**
Longmont Clinic
1925 Mountain View Ave
Longmont, 80501 776-1234
BOULDER COUNTY MED. SOC.
NEOPLASTIC DISEASES
HEMATOLOGY
INTERNAL MEDICINE
- Maxwell, George S, MD (Ret)**
(H) 8348 Ouray Dr
Longmont, 80501
BOULDER COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- McCarty, David W, MD**
1925 W Mountain View
Longmont, 80501 776-1234
(H) 801 Panorama Cr
Longmont, 80501 776-2079
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
- McCarty, David W IV, DO**
1925 Mountain View
Longmont, 80501 776-1234
(H) 815 Panorama Cir
Longmont, 80501
BOULDER COUNTY MED. SOC.
INTERNAL MEDICINE
- McCauley, John R, MD**
1332 Linden St, #1
Longmont, 80501 772-7880
(H) 1332 Linden St
Longmont, 80501
BOULDER COUNTY MED. SOC.
OB & GYNECOLOGY
- McGroarty, Saralee R, MD**
1320 Vivian
Longmont, 80501 772-3698
(H) 6986 Greenwillow Ct
Boulder, 80301
BOULDER COUNTY MED. SOC.
NEUROLOGY
- McKenna, Michael P, DO**
Longmont Clinic
1925 W Mountain View
Longmont, 80501 776-1234
(H) 2100 Morning Dr
Loveland, 80537 633-3055
BOULDER COUNTY MED. SOC.
EMERGENCY MEDICINE

LONGMONT

McKinney-Clark, Jeanne, MD			Pischinger, Russell J, MD			Roach, Susan I, MD		
1925 Mountain View			1925 Mountain View			1309 Sunset St		
Longmont, 80501	776-1234		Longmont, 80501			Longmont, 80501	772-5578	
(H) 1245 Winslow			BOULDER COUNTY MED. SOC.			(H) 645 Dudley Ln		
Longmont, 80501			DIAGNOSTIC RADIOLOGY			Longmont, 80501		
BOULDER COUNTY MED. SOC.						BOULDER COUNTY MED. SOC.		
	PEDIATRICS		Podlecki, David A, MD			FAMILY PRACTICE		
Milburn, William H, MD			1925 Mountain View Ave			Rubright, Mark W, MD		
1925 Mountain View Ave			Longmont, 80501	776-1234		1925 W Mountain View Ave		
The Longmont Clinic			(H) 1049 Princeton Dr			PO Box 1779		
Longmont, 80501	651-3554		Longmont, 80501	651-2652		Longmont, 80501	651-7272	
(H) Box 727			BOULDER COUNTY MED. SOC.			(H) 2611 Elmhurst Cir		
Lyons, 80540			INTERNAL MEDICINE			Longmont, 80501	776-4950	
BOULDER COUNTY MED. SOC.			ENDOCRINOLOGY & METABOLISM			BOULDER COUNTY MED. SOC.		
	ALLERGY		Poje, Joanne, MD			FAMILY PRACTICE		
	ADOLESCENT MEDICINE		1332 Linden St, #1			Rupp, Gerald R, MD		
Miller, Denise M, MD			Longmont, 80501			1331 Linden St		
1925 Mountain View			BOULDER COUNTY MED. SOC.			Longmont, 80501	772-5300	
Longmont, 80501	776-1234		OB & GYNECOLOGY			(H) 1101 Princeton Dr		
BOULDER COUNTY MED. SOC.						Longmont, 80501	772-5972	
	GENERAL SURGERY		Powers, Douglas K, MD			BOULDER COUNTY MED. SOC.		
Moffett, P Michael, MD			1350 Tulip St			ORTHOPEDIC SURGERY		
1353 Frontier St			Longmont, 80501	772-4400		Schaten, Robin L, MD		
Longmont, 80501	651-2116		(H) 4920 CR 36			1925 W Mountain View		
BOULDER COUNTY MED. SOC.			Platteville, 80651			Longmont, 80501	651-3939	
	PSYCHIATRY		BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.		
Mooney, Herbert S Jr, MD			OPHTHALMOLOGY			PEDIATRICS		
1350 Tulip St			Pressley, Richard L, MD			Sherrod, Dale B, MD		
Longmont, 80501	776-6001		1000 Alpine Ave, #121			1318 Vivian		
(H) 1207 Collyer			Boulder, 80302	447-8642		Longmont, 80501	776-4311	
Longmont, 80507			(H) 5860 Boulder Hills Dr			BOULDER COUNTY MED. SOC.		
BOULDER COUNTY MED. SOC.			Longmont, 80501	776-9628		GYNECOLOGY		
	GENERAL SURGERY		BOULDER COUNTY MED. SOC.			Sneddon, Wallace A, MD		
Mossberg, C Eugene, MD			NEUROLOGICAL SURGERY			1950 W Mountain View Ave		
1925 Mountain View Ave			Rector, James B, MD			Longmont, 80501		
Longmont, 80501	776-1234		933 Alpine Ave			Longmont, 80501		
(H) 934 Sumac			Boulder, 80302	449-2730		(H) 2113 Westlake Dr		
Longmont, 80501	776-8957		(H) 4994 Oxford Rd			Longmont, 80501		
BOULDER COUNTY MED. SOC.			Longmont, 80501			BOULDER COUNTY MED. SOC.		
	FAMILY PRACTICE		BOULDER COUNTY MED. SOC.			ANESTHESIOLOGY		
Nissim, Joseph J, MD			ORTHOPEDIC SURGERY			Stacey, N Russell Jr, MD		
1319 Frontier			HAND SURGERY			Box 1566		
Longmont, 80501	776-1532		SPORTS MEDICINE			Longmont, 80501	651-5300	
(H) 2950 Bixby Ln			Rector, Susan E, MD			(H) 330 Cottonwood Ln		
Boulder, 80303			Boulder Comm Hosp			Longmont, 80501	776-0029	
BOULDER COUNTY MED. SOC.			1100 Balsam			BOULDER COUNTY MED. SOC.		
			Boulder, 80302			ANESTHESIOLOGY		
Olijnyk, Irene, MD			(H) 4994 Oxford Rd			Stewart, Stephen K, MD		
1446 Hover St			Longmont, 80501			1925 Mountain View Ave		
Longmont, 80501	772-3300		BOULDER COUNTY MED. SOC.			Longmont Clinic Pc		
(H) 1049 Princeton Dr			DIAGNOSTIC RADIOLOGY			Longmont, 80501	776-1234	
Longmont, 80501						BOULDER COUNTY MED. SOC.		
BOULDER COUNTY MED. SOC.			OB & GYNECOLOGY			OB & GYNECOLOGY		
	OPHTHALMOLOGY		Reitinger, Russell G, MD			Tanenbaum, Marc H, MD		
Pfife, E F, MD (Ret)			1332 Linden St, #1			1350 Stuart St		
(H) 2757 Grinell Dr			Longmont, 80501			Longmont, 80501	776-7300	
Longmont, 80501			(H) 2519 22nd Dr #206			(H) 8069 Neva Rd		
BOULDER COUNTY MED. SOC.			Longmont, 80501			Longmont, 80501	652-2935	
			BOULDER COUNTY MED. SOC.			BOULDER COUNTY MED. SOC.		
			PLASTIC SURGERY			FAMILY PRACTICE		

LOUISVILLE, CO

Vickland, James R, MD
421 21st Ave, #7
Longmont, 80501
(H) 2711 Lakehollow Rd
Berthoud, 80513
BOULDER COUNTY MED. SOC.
ANESTHESIOLOGY

Weddel, Stephen J, MD
(H) 2868 Humboldt Cir
Longmont, 80501 772-1845
BOULDER COUNTY MED. SOC.
ANESTHESIOLOGY

Wherry, Harry L, MD
408 Coffman St
Longmont, 80501 776-4343
(H) 12650 Woodland Dr
Longmont, 80501 776-5890
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE
GENERAL SURGERY

Wherry, Patrick L, MD
408 Coffman
Longmont, 80501
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Wilson, Don E, MD
1850 W Mountain View Ave
Longmont, 80501 772-5000
BOULDER COUNTY MED. SOC.
GYNECOLOGY

Wolf, Howard C, MD
401 E Cleveland
Lafayette, 80026 665-5635
(H) 7360 Mt Meeker Rd
Longmont, 80501
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Yost, Byron A, MD
1840 W Mountain View Ave
Longmont, 80501 776-5244
(H) 14227 N 107th
Longmont, 80501 776-3630
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Zen, Calvin T F, MD
1850 Mountain View Ave
Longmont, 80501
(H) 1850 W Mountain View
Longmont, 80501
CURECANTI MED. SOC.
OB & GYNECOLOGY

Ziolkowski, Thomas J, MD
1446 Hover St
Longmont, 80501
(H) 9163 Pine Ridge Ln
Boulder, 80302
BOULDER COUNTY MED. SOC.
DERMATOLOGY

Carrillo, Alfred B, MD
877 S Boulder Rd
Louisville, 80027
(H) 1440 McKinley Pl
Louisville, 80027 778-6523
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Daarud, R Scott, MD
2505 4th
Boulder, 80302 443-2544
(H) 556 W Beech Pl
Louisville, 80027
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Frantz, Rae Ann, MD
5440 Conestoga Ct
Boulder, 80301 443-0687
(H) 851 W Willow
Louisville, 80027 665-8879
MT. EVANS MED. SOC.
FAMILY PRACTICE

Hackney, Terry L, MD
333 W S Boulder Rd, #1
Louisville, 80027 666-4313
(H) 1121 Linden Dr
Boulder, 80302
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Hibbard, H Davis, MD
877 S Boulder Rd
Louisville, 80027 666-7555
(H) 3712 Wonderland Hill Ave
Boulder, 80302 444-5478
BOULDER COUNTY MED. SOC.
PEDIATRICS
FAMILY PRACTICE
INTERNAL MEDICINE
GYNECOLOGY

Kipfer, Roger K, MD
333 W South Boulder Rd, #1
Louisville, 80027
(H) 3890 N 26th St
Boulder, 80302 440-7940
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Moore, Richard H, MD
400 S McCaslin Blvd, #103
Louisville, 80027 666-7337
(H) 7037 Yampa Ct
Boulder, 80301 530-4367
BOULDER COUNTY MED. SOC.
PEDIATRICS

Nelson, Roy G, MD
350 Broadway
Boulder, 80303 494-6880
(H) 633 Sunnyside St
Louisville, 80027 666-4167
BOULDER COUNTY MED. SOC.
PEDIATRICS
ADOLESCENT MEDICINE

Smythe, Stephanie, MD
80 Garden Center
Broomfield, 80020
(H) 305 Grouse Ct
Louisville, 80027
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Steinbaugh, John R, MD
3575 Broadway
Boulder, 80302 449-0985
(H) 680 W Hickory
Louisville, 80027
BOULDER COUNTY MED. SOC.
DERMATOLOGY

Tripp, Warren I, MD
2800 Folsom
Boulder, 80302 442-6260
(H) 134 W Sycamore Ln
Louisville, 80027 666-8449
BOULDER COUNTY MED. SOC.
OPHTHALMOLOGY

LOVELAND, CO

Allen, Patrick C, MD
McKee Med Ctr
2000 Boise Ave
Loveland, 80538 669-4640
LARIMER COUNTY MED. SOC.
PATHOLOGY
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY
FORENSIC PATHOLOGY

Allen, Thomas J, MD
249-H E 29th St
Loveland, 80538 669-6000
(H) 1901 Morning Dr
Loveland, 80538 669-5580
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
EMERGENCY MEDICINE

Anderson, William E Jr, MD
914 W 6th St
Loveland, 80537
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE

Ashbach, Nancy W, MD
231 W 4th St
Loveland, 80537 663-0722
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
PEDIATRICS

Baird, Boake L, MD
1323 Harlow
Loveland, 80537
(H) 2805 Lake
Loveland, 80537
LARIMER COUNTY MED. SOC.

Baumgartel, Earl D, MD
1907 Boise Ave, #3
Loveland, 80538 669-3212
(H) 1803 Caddoa Dr
Loveland, 80538
LARIMER COUNTY MED. SOC.
GENERAL SURGERY

LOVELAND

- Boyle, Kevin J, MD**
435 Mountain Ave
Berthoud, 80513
(H) 1603 Caddoa Dr
Loveland, 80538
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Bruns, Thomas, MD**
1907 Boise Ave
Loveland, 80538 669-2770
LARIMER COUNTY MED. SOC.
UROLOGICAL SURGERY
- Bushanam, Satya V, MD**
(H) 1804 Estrella Ave
Loveland, 80537 669-3997
DIRECT CMS MEMBER
- Chase, Jerry A, MD**
1808 Boise Ave
Loveland, 80537 669-6660
(H) 3705 El Caminito
Loveland, 80537
LARIMER COUNTY MED. SOC.
INTERNAL MEDICINE
GASTROENTEROLOGY
- Childers, Marvin A III, MD**
1632 Hoffman
Loveland, 80538 669-6851
(H) 3531 Capulin Dr
Loveland, 80538
LARIMER COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
- Clemens, Orrie G, MD**
231 W 4th St
Loveland, 80537 669-0722
(H) PO Box 205
Loveland, 80537
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Collins, Jerome S, MD**
1907 Boise Ave
Loveland, 80537 669-3212
(H) 1305 Westridge
Loveland, 80537 669-1458
LARIMER COUNTY MED. SOC.
GENERAL SURGERY
- Danforth, James C, MD**
231 W 4th St
Loveland, 80537 663-0722
(H) 3319 Barela Ct
Loveland, 80538
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Edwards, Robert A, MD**
2056 Sage Ct
Loveland, 80538 669-4640
(H) 2056 Sage Ct
Loveland, 80538 728-3975
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
EMERGENCY MEDICINE
- Elo, Denis R, MD**
1907 Boise Ave, #3
Loveland, 80537 669-3212
(H) 5813 Sacajawea Way
Loveland, 80537
LARIMER COUNTY MED. SOC.
GENERAL SURGERY
- Englert, Thomas L, MD**
PO Box 947
Loveland, 80539 669-8960
(H) 2216 Morning Dr
Loveland, 80538
LARIMER COUNTY MED. SOC.
OB & GYNECOLOGY
- Frickman, Carl E, MD**
3320 W Eisenhower Blvd
Loveland, 80537
(H) 411 W 5th
Loveland, 80537
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Giansiracusa, Richard F, MD**
1808 Boise Ave
Loveland, 80538 669-6660
(H) 1222 Broadmoor
Loveland, 80537 663-0316
LARIMER COUNTY MED. SOC.
CARDIOVASCULAR DISEASES
INTERNAL MEDICINE
- Grosboll, Ashley N, MD**
232 W 4th St
Loveland, 80537 667-3565
LARIMER COUNTY MED. SOC.
GENERAL PRACTICE
- Grosboll, Edward E, MD**
232 W 4th St
Loveland, 80537 667-3565
(H) 4808 Elm Ct
Loveland, 80537
LARIMER COUNTY MED. SOC.
INTERNAL MEDICINE
- Grosboll, Robert N, MD**
232 W 4th St
Loveland, 80537 667-3565
(H) 3812 Youpon Ct
Loveland, 80537
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Hailey, Mark A, MD**
219 H E 29th St
Loveland, 80538 669-6000
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Hamm, Robert M, MD**
2000 Boise
Loveland, 80537 669-4640
(H) 720 E CR 30
Fort Collins, 80525
LARIMER COUNTY MED. SOC.
RADIOLOGY
- Howard, Earle T, MD**
914 W 6th St
Loveland, 80537 669-7100
LARIMER COUNTY MED. SOC.
ORTHOPEDIC SURGERY
- Jobin, Michael J, MD**
2000 Boise Ave
Loveland, 80538 669-4640
LARIMER COUNTY MED. SOC.
EMERGENCY MEDICINE
FAMILY PRACTICE
- Kasenberg, Thomas P, DO**
1952 Blue Mesa Ct
Loveland, 80537 667-1611
(H) 844 Oleander
Loveland, 80537
LARIMER COUNTY MED. SOC.
GENERAL PRACTICE
- Lillis, Patrick J, MD**
2021 Boise Ave
Loveland, 80537 667-3116
(H) 2330 Frances Dr
Loveland, 80537 669-8154
LARIMER COUNTY MED. SOC.
DERMATOLOGY
MOHS CHEMOSURGERY
- McKenna, Michael P, DO**
Longmont Clinic
1925 W Mountain View
Longmont, 80501 776-1234
(H) 2100 Morning Dr
Loveland, 80537 633-3055
BOULDER COUNTY MED. SOC.
EMERGENCY MEDICINE
- Milano, William J, MD**
231 W 4th St
Loveland, 80537
(H) 1508 Morning Dr
Loveland, 80537
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE
- Nemeth, Clifford J, MD**
1647 E 18th
Loveland, 80538 669-9100
(H) 2909 Alamosa Ct
Loveland, 80538 669-3111
LARIMER COUNTY MED. SOC.
UROLOGICAL SURGERY

LOVELAND - MONTROSE

Patterson, Robert B, MD
10 Gregg Dr
Loveland, 80538 667-1131
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE

Phelps, Herschel R, MD
1323 Harlow Ln, #2
Loveland, 80537
(H) 3542 Wagon Tr Rd
Greeley, 80634
WELD COUNTY MED. SOC.
OPHTHALMOLOGY

Reed, Jay A, MD
1530 Boise Ave
Loveland, 80537 667-9794
(H) 3609 E Caminito
Loveland, 80537
LARIMER COUNTY MED. SOC.
ANESTHESIOLOGY

Reents, William J, MD
914 W 6th St
Loveland, 80537
(H) 3405 El Caminito
Loveland, 80537
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE

Schafer, Donald R, MD
914 W 6th St
Loveland, 80537
(H) 1219 Broadmoor
Loveland, 80537
LARIMER COUNTY MED. SOC.
FAMILY PRACTICE

Tartaglia, Louis Jr, MD
1907 Boise Ave, #4
Loveland, 80538 669-6880
(H) 1615 Manzanita Ct
Loveland, 80537
LARIMER COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Tello, Robert J, MD
232 W 4th St
Loveland, 80537 667-3565
LARIMER COUNTY MED. SOC.
INTERNAL MEDICINE

Tramp, Paul E, MD (Ret)
(H) 4008 N Garfield Ave
Loveland, 80538 667-7910
LARIMER COUNTY MED. SOC.
AMBULATORY MEDICINE

Waggener, William J, MD
2000 Boise
Loveland, 80537 669-4640
(H) 379 Dexter St
Denver, 80220 322-7002
LARIMER COUNTY MED. SOC.
INTERNAL MEDICINE

Williams, Dallas D, MD
1931 Boise Ave #4
Loveland, 80537 669-7700
(H) 3644 E CR 16
Loveland, 80537
LARIMER COUNTY MED. SOC.
MAXILLOFACIAL SURGERY
ORAL MAXILLOFACIAL SURGERY

LYONS, CO

Backup, Linda D, MD
1925 W Mountain View Ave
Longmont, 80501 776-1234
(H) Box 2509
Lyons, 80540
BOULDER COUNTY MED. SOC.
CARDIOLOGY
CARDIOVASCULAR DISEASES
INTERNAL MEDICINE

Milburn, William H, MD
1925 Mountain View Ave
The Longmont Clinic
Longmont, 80501 651-3554
(H) Box 727
Lyons, 80540
BOULDER COUNTY MED. SOC.
ALLERGY
ADOLESCENT MEDICINE

MANCOS, CO

Aikin, Kent R, MD
PO Box 600
Mancos, 81328 533-7704
(H) 38623 CR H
Mancos, 81328
MONTEZUMA COUNTY MED. SOC.
FAMILY PRACTICE

MANITOU SPRINGS, CO

Goldmuntz, Barry M, MD
730 N Cascade Ave
Colorado Springs, 80903 (719)634-8002
(H) 153 Capitol Hill
Manitou Springs, 80829
EL PASO COUNTY MED. SOC.
PSYCHIATRY

Modlin, Richard A, MD
1520 N Union
Colorado Springs, 80909 (719)471-1990
(H) 364 Pilot Knob Ave
Manitou Springs, 80829
EL PASO COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

MILLIKEN, CO

Stanley, Gerard J, MD
107 S Irene
Milliken, 80543 587-5103
(H) 101 King Ave
Johnstown, 80534
WELD COUNTY MED. SOC.
FAMILY PRACTICE

MONTE VISTA, CO

Byers, Richard H Jr, MD
10 Rupert St
Monte Vista, 81144
(H) 102 2nd Ave
Monte Vista, 81144
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Gonzales, Eugene A, MD
404 Morris St
Monte Vista, 81144
(H) 522 Bell Ct#4
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
FAMILY PRACTICE

MONTROSE, CO

Abernathy, Charles M Jr, MD
902 S 4th St
Montrose, 81401 249-4321
(H) 2420 E Miami Rd
Montrose, 81401 249-2485
CURECANTI MED. SOC.
GENERAL SURGERY
CRITICAL CARE MEDICINE

Auxier, Gary G, MD
947 S 5th St
Montrose, 81401 249-2421
CURECANTI MED. SOC.
PEDIATRICS

Benziger, Michael J, MD
647 N 3rd St
Montrose, 81401 249-4978
(H) 647 N 3rd
Montrose, 81401 245-4978
CURECANTI MED. SOC.
PATHOLOGY

Brethouwer, N Robert, DO
700 Main
Montrose, 81401 249-3466
(H) 1120 S 11th
Montrose, 81401 249-6806
CURECANTI MED. SOC.
GENERAL PRACTICE
GENERAL PREVENTIVE MED
GYNECOLOGY
HYPNOSIS

Canfield, Thomas M, MD
PO Box 1029
Montrose, 81402 249-2211
(H) 15651 6800 Rd
Montrose, 81401 249-8784
CURECANTI MED. SOC.
PATHOLOGY
FORENSIC PATHOLOGY

Chamberlain, Thomas J, MD
900 S 4th St
Montrose, 81401 249-7751
(H) 1124 S 11th
Montrose, 81401 249-9105
CURECANTI MED. SOC.
INTERNAL MEDICINE

Cole, Nicholas G, MD
830 S 4th St
Montrose, 81401 249-6662
(H) 2275 Phillips Cir #D
Montrose, 81401 249-2819
CURECANTI MED. SOC.
OPHTHALMOLOGY

MONTROSE - MORRISON

Dickinson, Theodore C, MD
902 S 4th St
Montrose, 81401 249-4321
(H) 140 S 5th
Montrose, 81401 249-4325
CURECANTI MED. SOC.

GENERAL SURGERY

Guy, Reginald, MD
164 Colorado Ave
Montrose, 81401
(H) 67468 Oak Leaf Dr
Montrose, 81401 249-0233
CURECANTI MED. SOC.

FAMILY PRACTICE

Hawley, William J, MD
400 S Nevada
Montrose, 81401 249-9833
(H) 17793 6650 Rd
Montrose, 81401 249-5455
CURECANTI MED. SOC.

ANESTHESIOLOGY

Hopple, Lynwood M, MD
3 Columbia Way
Montrose, 81401 249-2205
(H) 2267 Essex St
Montrose, 81401 249-0808
CURECANTI MED. SOC.

PSYCHIATRY
CHILD PSYCHIATRY
AEROSPACE MEDICINE
ADMINISTRATIVE MEDICINE

Isgreen, John W, MD
1013 S 11th St
Montrose, 81401 249-6008
(H) 1013 S 11th St
Montrose, 81401 249-6008
CURECANTI MED. SOC.

RADIOLOGY

Lambert, John C, MD
900 S 4th
Montrose, 81401 249-7751
CURECANTI MED. SOC.

INTERNAL MEDICINE

Manhart, Harold E, MD
400 S Nevada
Montrose, 81401
(H) 16500 6300 Rd
Montrose, 81401 249-2010
CURECANTI MED. SOC.

OTORHINOLARYNGOLOGY

Manhart, Richard A, MD
400 S Nevada
Montrose, 81401 249-9833
(H) 63139 Newport Dr
Montrose, 81401 249-1508
CURECANTI MED. SOC.

ANESTHESIOLOGY

Mebane, David M, MD
224 S Nevada
Montrose, 81401 249-9437
(H) 224 S Nevada
Montrose, 81401 249-1305
CURECANTI MED. SOC.

GENERAL SURGERY

Motley, Robert F, MD
900 S 4th St
Montrose, 81401 249-7751
CURECANTI MED. SOC.

INTERNAL MEDICINE

Peak, James W, DO
203 S Nevada
Montrose, 81401 249-9678
(H) 1803 Locust
Montrose, 81401
CURECANTI MED. SOC.

FAMILY PRACTICE

Schoo, Michael J, MD
904 S 4th St
Montrose, 81401
(H) Box 1486
Montrose, 81402
CURECANTI MED. SOC.

ORTHOPEDIC SURGERY

Shannon, Richard D, MD
906 S 4th St
Montrose, 81401 249-2291
(H) 1128 S 12th
Montrose, 81401 249-3688
CURECANTI MED. SOC.

UROLOGICAL SURGERY

Simon, Frederick S, DO
222 S Nevada
Montrose, 81401 249-4745
(H) Box 1505
Montrose, 81402
CURECANTI MED. SOC.

FAMILY PRACTICE

Story, Paul G, MD
231 S Nevada
Montrose, 81401 249-1210
(H) 62062 Charolois Dr
Montrose, 81401 249-7485
CURECANTI MED. SOC.

OPHTHALMOLOGY

VanGemert, Robert J, MD
164 Colorado Ave
Montrose, 81401 249-6670
(H) 222 S 5th
Montrose, 81401 249-6979
CURECANTI MED. SOC.

FAMILY PRACTICE

Wiard, Thomas D, MD
947 S 5th St
Montrose, 81401
CURECANTI MED. SOC.

PEDIATRICS

Wiesner, Paul D, MD
231 S Nevada
Montrose, 81401 249-1210
(H) 61501 Lobo Dr
Montrose, 81401 249-9158
CURECANTI MED. SOC.

OPHTHALMOLOGY

Winkler, Louis H, MD
904 S 4th St
Montrose, 81401 249-6641
(H) 61614 Hwy 90
Montrose, 81401
CURECANTI MED. SOC.

ORTHOPEDIC SURGERY

MONUMENT, CO

Clark, Douglas P, MD
7608 N Union Blvd, #E
Colorado Springs, 80920
(H) 17735 Shiloh Pines Dr
Box 1590
Monument, 80132
DIRECT CMS MEMBER

FAMILY PRACTICE

Deal, Terry D, MD
5955 Lehman Dr
Colorado Springs, 80907 (719)598-7150
(H) 775 Country Dr
Monument, 80132
EL PASO COUNTY MED. SOC.

OB & GYNECOLOGY

Golditch, Monte E, MD
1400 E Boulder
Rad Dept
Colorado Springs, 80909 (719)475-5120
(H) 1250 Meadowlake Way
Monument, 80132
EL PASO COUNTY MED. SOC.

DIAGNOSTIC RADIOLOGY

Kendall, Wayne F Jr, MD
18375 Lazy Summer Way
Monument, 80132
EL PASO COUNTY MED. SOC.

AEROSPACE MEDICINE
OCCUPATIONAL MEDICINE

Nusca, Margaret T, MD
115 2nd St, #C
Monument, 80132 (719)481-3031
(H) 18375 Canterbury Dr
PO Box 625
Monument, 80132 (719)488-3169
EL PASO COUNTY MED. SOC.

FAMILY PRACTICE

Shoemaker, Larry D, MD
2321 N Tejon
Colorado Springs, 80907 (719)634-2904
(H) 19710 Four Winds Way
Monument, 80132
EL PASO COUNTY MED. SOC.

FAMILY PRACTICE
ALCOHOL & DRUG ABUSE
INDUSTRIAL MEDICINE

MORRISON, CO

Dickey, William C, MD
4200 W Conejos Pl
Denver, 80204 623-2976
(H) 5822 Whale Rock Way
Morrison, 80465
DENVER MED. SOC.

PATHOLOGY

Domurat, Michael F, MD
850 E Harvard, #355
Denver, 80210
(H) 36 W Ranch Tr
Morrison, 80465
ARAPAHOE MED. SOC.

ANESTHESIOLOGY

MORRISON - PAONIA

Edmundson, Arlo R, MD
6984 W Hwy 285
Morrison, 80465 697-8549
(H) 6984 W Hwy 285
Morrison, 80465
ARAPAHOE MED. SOC.
FAMILY PRACTICE

Hill, Douglas M, DO
9191 Grant St
Thornton, 80229 451-7800
(H) 6770 Ridgeway
Morrison, 80465 697-4181
DIRECT CMS MEMBER
EMERGENCY MEDICINE

Parker, Kay C, MD
850 E Harvard Ave, #355
Denver, 80210 778-7910
(H) 7475 Rossman Gulch Rd
Morrison, 80465
ARAPAHOE MED. SOC.
ANESTHESIOLOGY
INTERNAL MEDICINE

Rosenberg, Stuart G, MD
850 E Harvard Ave, #355
Denver, 80210
(H) 6954 S Plateau Ln
Morrison, 80465
ARAPAHOE MED. SOC.
ANESTHESIOLOGY

MOUNMENT, CO

Kiernan, R Martin, MD
1201 E 17th, #200
Denver, 80218
(H) 1355 Woodmoor
Mounment, 80132 (719)481-2836
DENVER MED. SOC.
FAMILY PRACTICE

NATURITA, CO

Apling, Mark L, MD
Basin Clinic
PO Box 610
Naturita, 81422 865-2665
(H) Box 630
Naturita, 81422 865-2676
CURECANTI MED. SOC.
FAMILY PRACTICE

NORTHGLENN, CO

Adams, Lief E, DO
9669 N Huron St
Thornton, 80221 428-8536
(H) 824 W 97th Ave
Northglenn, 80221
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Barnhart, Eric D, MD
11141 Irma Dr
Northglenn, 80233
(H) 828 Lafayette
Denver, 80218
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Blanchard, Thomas J, MD
7260 Monaco, #B
Commerce City, 80022 288-2615
(H) 743 Melody Dr
Northglenn, 80221
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
GENERAL PRACTICE
INDUSTRIAL MEDICINE
EMERGENCY MEDICINE
SPORTS MEDICINE

Cease, James I, MD
11141 Irma Dr
Northglenn, 80233 452-2766
(H) 425 Franklin
Denver, 80218
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Fischer, John A, MD
11141 Irma Dr
Northglenn, 80233 452-2766
(H) 1262-A E 130th Ave
Thornton, 80241
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Gregory, James J, MD
11141 Irma Dr
Northglenn, 80233 452-2766
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Lingle, Jeffrey W, DO
10465 Melody Dr, #131
Northglenn, 80234
DIRECT CMS MEMBER
FAMILY PRACTICE

Stanton, Robert P, MD
10465 Melody Dr, #224
Northglenn, 80234 452-5793
(H) 161 Race St
Denver, 80206
DENVER MED. SOC.
OB & GYNECOLOGY

Storm, Thomas P, MD
8391 Delaware St
Denver, 80221 428-6595
(H) 961 W Niver Ave
Northglenn, 80221
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS

NORWOOD, CO

Day, C Michael, MD
PO Box 149
Norwood, 81423
CURECANTI MED. SOC.
FAMILY PRACTICE

ORDWAY, CO

Berg, Mary J, MD
319 Main St
Ordway, 81063 (719)267-3503
(H) 302 W 7th St
Ordway, 81063 (719)267-3742
OTERO COUNTY MED. SOC.
FAMILY PRACTICE
GERIATRICS

Clapp, Harry W, DO
972 Main
Ordway, 81063 (719)267-4415
(H) 972 Main Box 548
Ordway, 81063 (719)267-4415
OTERO COUNTY MED. SOC.
INTERNAL MEDICINE

OURAY, CO

Bachman, David C, MD
302 2nd St
Ouray, 81427 325-4927
(H) 242 CR 12B
Ridgway, 81432 626-5634
CURECANTI MED. SOC.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

Wilson, Charles E, MD
PO Box 568
Ouray, 81427 249-3136
(H) PO Box 568
Ouray, 81427 249-1189
CURECANTI MED. SOC.
DERMATOLOGY

PAGOSA SPRINGS, CO

Handy, Allan W, MD (Ret)
Box 4310
Pagosa Springs, 81157 731-2383
LA PLATA COUNTY MED. SOC.
PATHOLOGY

Phillips, Alfred M, MD
PO Box 1689
802 Rosita
Pagosa Springs, 81147 264-4131
(H) PO Box 4628
Pagosa Springs, 81157
DIRECT CMS MEMBER
FAMILY PRACTICE

Wienpahl, Mark, MD
Box 669
Pagosa Springs, 81147 264-2224
(H) Box 277
Pagosa Springs, 81147 264-5892
LA PLATA COUNTY MED. SOC.
FAMILY PRACTICE

PALISADE, CO

Magraw, Bronwen J, MD
PO Box 920
107 W 6th St
Palisade, 81526 464-5611
MESA COUNTY MED. SOC.
INTERNAL MEDICINE

PAONIA, CO

Hoisington, William D, MD
Box 47
Paonia, 81428
(H) Box 970
Paonia, 81428
DELTA COUNTY MED. SOC.
FAMILY PRACTICE

OURAY - PUEBLO

Ridgway, Don N, MD

PO Box 47
Paonia, 81428 527-4103
(H) PO Box 237
Paonia, 81428
DELTA COUNTY MED. SOC.
FAMILY PRACTICE

PARKER, CO

Black, Elizabeth, MD

825 E Pikes Peak Ave
Colorado Springs, 80903
(H) 7801 E Windwood Way
Parker, 80134
EL PASO COUNTY MED. SOC.

DiBella, Nicholas J, MD

730 Potomac St, #108
Aurora, 80011 340-3060
(H) 6814 Trailway Cir
Parker, 80134 841-2846
AURORA-ADAMS COUNTY MED. SOC.
ONCOLOGY
HEMATOLOGY
INTERNAL MEDICINE

Earley, William C, MD

Rose Med Ctr
4567 E 9th Ave
Denver, 80220 320-2290
(H) 8745 Piney Creek Rd
Parker, 80134
DENVER MED. SOC.
RADIOLOGY

Gipson, William T Jr, MD

19641 E Parker Sq Dr
PO Box 880
Parker, 80134 841-4669
(H) 20842 E Parliament Ct
Parker, 80134
AURORA-ADAMS COUNTY MED. SOC.
INTERNAL MEDICINE

Gorshow, Stephen M, MD

19700 E Parker Sq Dr
PO Box 1329
Parker, 80134 841-5845
AURORA-ADAMS COUNTY MED. SOC.
INTERNAL MEDICINE

Grant, Paul J, MD

8200 E Bellevue Ave, #404
Englewood, 80111 770-7778
(H) 6210 N Hollowview Ct
Parker, 80134
ARAPAHOE MED. SOC.
DERMATOLOGY

Halseth, Wm L, MD

4200 W Conejos Pl
Denver, 80220
(H) 124 Cherry St
Parker, 80134
CLEAR CREEK VALLEY MED. SOC.
THORACIC SURGERY
CARDIOVASCULAR SURGERY

Muir, Bennett W, MD (Ret)

(H) 10217 E Democrat Rd
Parker, 80134 841-0555
DENVER MED. SOC.
OPHTHALMOLOGY

PRYOR, CARNEY AND JOHNSON

ATTORNEYS AND COUNSELORS AT LAW
Please see our ad in the front section. 771-8200

Norton, John T, MD

1901 Clarkson St
Denver, 80218 839-5338
(H) 13497 Hwy 83 N
Parker, 80134
DENVER MED. SOC.
GENERAL PRACTICE

Owens, Cynthia J, MD

PO Box 1208
Parker, 80134 699-3039
(H) 7595 S Monaco Way
Englewood, 80112
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE

Pajon, Eduardo R Jr, MD

750 Potomac St, #123
Aurora, 80011 340-3030
(H) 8574 Ponderosa Dr
Parker, 80134
AURORA-ADAMS COUNTY MED. SOC.
HEMATOLOGY
ONCOLOGY
INTERNAL MEDICINE

Potestio, Frank S, MD

601 E Hampden Ave, #520
Englewood, 80110
(H) 7374 Inspiration
Parker, 80134
ARAPAHOE MED. SOC.
GYNECOLOGY

Rabinowitz, Jay S, MD

PO Box 1306
19700 E Parker Square Dr
Parker, 80134 841-2905
AURORA-ADAMS COUNTY MED. SOC.
PEDIATRICS

Wells, David W, MD

(H) 8284 N Sunburst Tr
Parker, 80134 841-3888
AURORA-ADAMS COUNTY MED. SOC.
ADOLESCENT MEDICINE
PEDIATRICS

Wing, Diane L, DO

PO Box 1306
Parker, 80134
AURORA-ADAMS COUNTY MED. SOC.
PEDIATRICS

Yost, John F, MD

12361 E Cornell Ave
Aurora, 80014 368-7808
(H) PO Box 1321
Parker, 80134
DENVER MED. SOC.
PSYCHIATRY

Zimmerman, Clark B III, MD

Parker Square Med Center
PO Box 300
Parker, 80134 841-2212
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE

PENROSE, CO

Fox, John E, MD

PO Box 148
Penrose, 81240 (719)372-6555
(H) 706 Garden Dr
Penrose, 81240 (719)372-3017
FREMONT COUNTY MED. SOC.
FAMILY PRACTICE

PEYTON, CO

Pierce, Alson F, MD (Ret)

(H) 16915 Bradshaw Rd
Peyton, 80831 (719)749-2446
EL PASO COUNTY MED. SOC.
ANESTHESIOLOGY

PLATTEVILLE, CO

Powers, Douglas K, MD

1350 Tulip St
Longmont, 80501 772-4400
(H) 4920 CR 36
Platteville, 80651
BOULDER COUNTY MED. SOC.
OPHTHALMOLOGY

PUEBLO, CO

Absher, William K, MD

124 W Pitkin Ave
Pueblo, 81005 (719)542-7891
(H) 4123 Goodnight Ave
Pueblo, 81005 (719)561-0906
PUEBLO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Ackerly, Roscoe H, MD (Ret)

(H) 140 Dunsmere
Pueblo, 81004 (719)544-3657
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Adams, Francis S Jr, MD (Ret)

(H) 52 Country Club Village
Pueblo, 81008
PUEBLO COUNTY MED. SOC.
COLON & RECTAL SURGERY

Alsever, Robert N, MD

2002 Lake Ave
Pueblo, 81004 (719)584-7074
(H) 86 Amherst
Pueblo, 81005
PUEBLO COUNTY MED. SOC.
ENDOCRINOLOGY & METABOLISM
DIABETES

Anselm, Klaus, MD

2002 Lake Ave
Southern CO Clinic
Pueblo, 81004 (719)564-9600
(H) 9209 S Pine Dr
Beulah, 81023 (719)485-3257
PUEBLO COUNTY MED. SOC.
GASTROENTEROLOGY

Arnot, Charles W, MD
2001 Lake Ave
Pueblo, 81004 (719)564-0300
(H) 9 La Huerta
Pueblo, 81005 (719)561-1212
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Aschenbrener, Pamela, MD
1929 Carteret
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Austin, Lawrence E, MD
202 W 21st
Pueblo, 81003 (719)542-5250
(H) 11 Belaire Rd
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
PSYCHIATRY

Bagale, Elia J, MD
2001 Lake Ave
Pueblo, 81004 (719)564-0080
(H) 1800 Elizabeth
Pueblo, 81003
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Baitton, Domingo, MD
400 W 16th St
Pueblo, 81003 (719)546-0600
(H) 612 W 18th St
Pueblo, 81003
PUEBLO COUNTY MED. SOC.
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY

Ballzet, Louis B, MD
Southern CO Clinic
2002 Lake Ave
Pueblo, 81004 (719)584-7148
PUEBLO COUNTY MED. SOC.
ONCOLOGY

Ball, Michael E, MD
124 W Pitkin
Pueblo, 81004 (719)542-7891
(H) 300 Liberty Point Ln
Pueblo, 81007
PUEBLO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Bartecchi, Carl E, MD
2002 Lake Ave
Pueblo, 81004 (719)584-7111
(H) 615 Dittmer Ave
Pueblo, 81005
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Bedard, Charles H, MD
1619 N Greenwood, #309
Pueblo, 81003 (719)544-7115
(H) 1202 W 24th
Pueblo, 81003
PUEBLO COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
HEAD & NECK SURGERY
MAXILLOFACIAL SURGERY
FACIAL PLASTIC SURGERY

Bennett, Dana R, MD
111 W Evans
Pueblo, 81004 (719)543-7898
(H) 2055 Las Flores
Pueblo, 81007
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Birner, W Frederic, MD
1925 E Orman Ave
Pueblo, 81004 (719)564-3193
(H) 3025 4th Ave
Pueblo, 81008
PUEBLO COUNTY MED. SOC.
OB & GYNECOLOGY

Bonney, Charles S, MD
1310 Chinook Ln
Pueblo, 81001 (719)542-6000
(H) 42900 Grant Rd
Pueblo, 81006
PUEBLO COUNTY MED. SOC.
PSYCHIATRY

Boucher, Wesley W, MD
10 Yale
Pueblo, 81005 (719)561-4609
(H) 10 Yale
Pueblo, 81005 (719)561-4609
PUEBLO COUNTY MED. SOC.
UROLOGICAL SURGERY

Bramer, Clifford F, MD (Ret)
(H) 3306 Morris Ave
Pueblo, 81008 (719)544-7196
PUEBLO COUNTY MED. SOC.
PHYSICAL MEDICINE & REHAB
INDUSTRIAL MEDICINE

Cabiling, L C Jr, MD
1304 Berkley Ave
Pueblo, 81004 (719)544-2343
PUEBLO COUNTY MED. SOC.
PHYSICAL MEDICINE & REHAB

Campbell, Velma L, MD
2002 Lake Ave
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
OCCUPATIONAL MEDICINE
FAMILY PRACTICE

Campbell, W MacRae, DO
1120 Minnequa Ave
Pueblo, 81004 (719)564-0660
(H) 3318 St Clair
Pueblo, 81005 (719)561-8786
PUEBLO COUNTY MED. SOC.
OB & GYNECOLOGY

Capek, Richard B Sr, MD
1925 E Orman Ave
Pueblo, 81004 (719)564-0022
(H) 3408 Northridge Dr
Pueblo, 81008 (719)542-6318
PUEBLO COUNTY MED. SOC.
COLON & RECTAL SURGERY

Childers, Stanley G, MD (Ret)
(H) 327 Grace Ave
Pueblo, 81004 (719)545-6234
PUEBLO COUNTY MED. SOC.
OPHTHALMOLOGY

Chimento, James J, MD
Montebello
Jerry Murphy Rd
Pueblo, 81001 (719)584-7200
(H) 10 Belaire Dr
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Cichon, J Valentine, MD
1925 E Orman Ave, #237
Pueblo, 81004 (719)564-4800
(H) 312 N Prairie Ave
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Clark, Dumont F, MD
1925 E Orman Ave, #254
Pueblo, 81004 (719)564-1542
(H) 2001 Court St
Pueblo, 81003
PUEBLO COUNTY MED. SOC.
PULMONARY DISEASES

Clutter, Joseph S, MD (Ret)
(H) 231 Dittmer Ave
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Courtright, Anne C, MD
2119 7th Ave
Pueblo, 81003 (719)546-4000
(H) 2119 7th Ave
Pueblo, 81003 (719)543-5148
PUEBLO COUNTY MED. SOC.
PSYCHIATRY

Courtright, Claiborne L, MD
131 Colorado Ave
Pueblo, 81004 (719)542-4388
(H) 2119 7th Ave
Pueblo, 81003
PUEBLO COUNTY MED. SOC.
DERMATOLOGY

Crawford, James W, MD
2030 Lake Ave
Pueblo, 81004 (719)561-9295
(H) 24372 County Farm Rd
Pueblo, 81006
PUEBLO COUNTY MED. SOC.
PHYSICAL MEDICINE & REHAB

Crosson, David L, MD
1925 E Orman Ave, #110
Pueblo, 81004 (719)564-2445
(H) 1405 Rancho Del Sol
Pueblo, 81008
PUEBLO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Cullen, Michael L, MD
2002 Lake
Pueblo, 81004
(H) 417 Argyle
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
NEUROLOGY

PUEBLO

Curry, Vernell W, MD (Ret)

(H) 216 Dunsmere
Pueblo, 81004 (719)543-4594
PUEBLO COUNTY MED. SOC.
PEDIATRICS

Dardis, Walter T, MD

830 W Abriendo Ave
Pueblo, 81004 (719)542-1464
(H) 204 Dunsmere Ave
Pueblo, 81004 (719)543-3544
PUEBLO COUNTY MED. SOC.
OPHTHALMOLOGY

Daven, Joel R, MD

2002 Lake Ave
Pueblo, 81004 (719)584-7071
(H) 9 Dittmer Cir
Pueblo, 81005 (719)564-9060
PUEBLO COUNTY MED. SOC.
NEUROLOGY
CHILD NEUROLOGY

David, Wilfrido L, MD

1600 W 24th
Pueblo, 81001 (719)543-1170
PUEBLO COUNTY MED. SOC.
GENERAL PRACTICE
GENERAL SURGERY

Demshki, Andrew E Jr, MD

1925 E Orman Ave, #110
Pueblo, 81004 (719)564-2445
(H) 105 Park Dr
Pueblo, 81005
PUEBLO COUNTY MED. SOC.
OTOLOGY
OTORHINOLARYNGOLOGY
HEAD & NECK SURGERY

Dernovsek, Kenneth D, MD

2002 Lake Ave
Pueblo, 81004 (719)584-7076
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE
ENDOCRINOLOGY & METABOLISM

Dernovsek, Kim K, MD

1925 E Orman Ave
Pueblo, 81004 (719)564-4500
PUEBLO COUNTY MED. SOC.
DERMATOLOGY

Dickson, Robert P, MD

1008 Minnequa Ave
Pueblo, 81004
(H) 55 Villa Dr
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
RADIOLOGY

Dingle, Robert W, MD

1925 E Orman Ave, G-25
Pueblo, 81004 (719)566-1085
(H) 6 Lee Ln
Pueblo, 81004 (719)542-7641
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Drake, Robert L, MD

1619 Greenwood
Pueblo, 81003 (719)545-5297
(H) 719 W Orman
Pueblo, 81004 (719)542-6013
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Eifert, Earl D, MD

2002 Lake Ave
Pueblo, 81004 (719)584-7111
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Ewing, Wyman F, MD

124 W Pitkin Ave
Pueblo, 81004 (719)542-7891
(H) 55 Robertson Rd
Pueblo, 81001 (719)544-9275
PUEBLO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY
NUCLEAR MEDICINE

Farabaugh, Leonard J, MD

2001 Lake Ave
Pueblo, 81004 (719)564-0300
(H) 302 W Pitkin
Pueblo, 81004 (719)545-0372
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Ferguson, C Glen, DO

1925 E Orman Ave, #120
Pueblo, 81004 (719)564-0915
(H) 326 W Pitkin Ave
Pueblo, 81004 (719)543-8862
PUEBLO COUNTY MED. SOC.
ANESTHESIOLOGY

Fitzgerald, Thomas J, MD

1925 E Orman
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
UROLOGICAL SURGERY

Fouts, Terry L, MD

2002 Lake Ave
Pueblo, 81004 (719)584-7111
(H) 125 Ironweed
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Fowler, James B, MD

1501 Court
Pueblo, 81003 (719)546-3937
(H) 1903 Bonforte Blvd
Pueblo, 81001 (719)545-2201
PUEBLO COUNTY MED. SOC.
OPHTHALMOLOGY

Frost, Harold M Jr, MD

2002 Lake Ave
Pueblo, 81004 (719)584-7074
PUEBLO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Gaide, Thomas K, MD

1925 E Orman
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Garcia, Elizabeth M, MD

1308 N Grand Ave
Pueblo, 81003 (719)544-8250
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Garcia, Louise S, MD

1008 Minnequa Ave
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Gardner, John W, MD (Ret)

330 Carlile Ave
Pueblo, 81004 (719)543-1392
(H) 330 Carlile
Pueblo, 81004 (719)543-1392
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Gerber, Milo P, MD

1925 E Orman Ave
Pueblo, 81004 (719)564-9570
PUEBLO COUNTY MED. SOC.
UROLOGICAL SURGERY

Gist, Wallace W, MD (Ret)

(H) 2 Margate Ter
Pueblo, 81001 (719)542-5184
PUEBLO COUNTY MED. SOC.
ANESTHESIOLOGY

Grossman, Daniel R, MD

1402 Grand Ave
Pueblo, 81003
(H) 905 Berkley Ave
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Halprin, Arthur H, MD

2002 Lake Ave
Southern CO Clinic
Pueblo, 81004 (719)564-9600
(H) 8425 Hwy 78 W
Beulah, 81023 (719)485-3636
PUEBLO COUNTY MED. SOC.
GASTROENTEROLOGY
INTERNAL MEDICINE

Hamill, Richard G, MD

1925 E Orman Ave, #357
Pueblo, 81004 (719)564-0390
(H) 101 La Vista Rd
Pueblo, 81005
PUEBLO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Hamilton, Robert S, MD

1535 Briargate
Emergicare
Colorado Springs, 80920
(H) 9 Sandcastle
Pueblo, 81001
EL PASO COUNTY MED. SOC.
EMERGENCY MEDICINE

Hanson, Charles A, MD
2002 Lake Ave
Pueblo, 81004 (719)564-9600
(H) 8201 Hwy 78 W
Beulah, 81023
PUEBLO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Hanson, Michael W, MD
400 W 16th St
Pueblo, 81003
PUEBLO COUNTY MED. SOC.
ANESTHESIOLOGY

Hasan, Malik M, MD
1925 E Orman Ave, #G-12
Pueblo, 81004 (719)564-7444
(H) 1607 N Elizabeth
Pueblo, 81003 (719)544-6938
PUEBLO COUNTY MED. SOC.
NEUROLOGY

Hayhurst, Dale W, MD
1925 E Orman Ave, #A-130
Pueblo, 81004 (719)564-0850
(H) 100 Sunset Ln
Pueblo, 81005 (719)561-8825
PUEBLO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Herrington, Alan G, MD
110 E Routt Ave
Pueblo, 81004 (719)544-2842
(H) 500 Carlile Ave
Pueblo, 81005 (719)566-1035
PUEBLO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Hicks, Bernard L, MD
225 Melrose Ave
Pueblo, 81004 (719)564-0915
(H) 225 Melrose Ave
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
ANESTHESIOLOGY

Hogekamp, Jon M, MD
509 Colorado Ave
Pueblo, 81004 (719)545-9401
PUEBLO COUNTY MED. SOC.
OB & GYNCOLOGY

Hopkins, William G, MD
1619 Greenwood, #406
Pueblo, 81003 (719)543-6611
(H) 453 Argyle Ave
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
OPHTHALMOLOGY

Hopman, Laurie, MD
1008 Minnequa
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Howe, John J, MD
1008 Minnequa Ave
Pueblo, 81004
(H) 8380 Hwy 96 W
Pueblo, 81005
PUEBLO COUNTY MED. SOC.
PATHOLOGY

Hoyer, Louis R Jr, MD
2616 N Elizabeth
Pueblo, 81003 (719)544-7103
(H) 650 Woodleaf
Pueblo, 81007 (719)547-2044
PUEBLO COUNTY MED. SOC.
OPHTHALMOLOGY

Hoyle, Clifford L, MD
1925 E Orman Ave
Pueblo, 81004 (719)564-0210
(H) 102 Montcalm
Pueblo, 81005 (719)564-8757
PUEBLO COUNTY MED. SOC.
GENERAL SURGERY

Hulet, Brett L, MD
1120 Minnequa
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
OB & GYNCOLOGY

Hurley, Grant W, MD
1402 N Grand Ave
PO Box 774
Pueblo, 81003 (719)544-7463
(H) 1824 Bonforte
Pueblo, 81001 (719)542-8867
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE
OB & GYNCOLOGY

Jarrett, Michael B, MD
1929 Carteret
Pueblo, 81004
PUEBLO COUNTY MED. SOC.

Jensen, Laurence G, MD
1925 E Orman Ave, #A240
Pueblo, 81004 (719)564-0450
(H) 103 Ironweed Dr
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Johnson, Bruce M, MD
2002 Lake Ave
Pueblo, 81004
(H) 1814 Greenwood
Pueblo, 81003
PUEBLO COUNTY MED. SOC.
GENERAL SURGERY

Johnson, Steven M, MD
2 Cornflower
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Kelley, Ralph L, MD
Corwin Ortho Group
1925 E Orman Ave #130
Pueblo, 81004 (719)564-0850
PUEBLO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Khan, Iqbal S, MD
459 W 17th
Pueblo, 81003 (719)544-3553
PUEBLO COUNTY MED. SOC.
CARDIOVASCULAR DISEASES

King, Michael L, MD
2002 Lake Ave
Pueblo, 81004
(H) 2030 Comanche Rd
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
GENERAL SURGERY
COLON & RECTAL SURGERY

Kirk, Jude J, MD
1402 Grand Ave
Pueblo, 81003 (719)544-7463
(H) 8 Sandcastle
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Kort, Haydee C, MD
1600 W 24th
CO State Hosp
Pueblo, 81003 (719)546-4147
(H) 3209 Colfax Ave
Pueblo, 81008
PUEBLO COUNTY MED. SOC.
ADMINISTRATIVE MEDICINE
PSYCHIATRY

Kulik, Janice E, MD
1619 N Greenwood
Pueblo, 81003 (719)545-5297
(H) 7 Sedum Ct
Pueblo, 81001 (719)546-3848
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Kuna, Gupta B, MD
1304 N Grand Ave
Pueblo, 81003 (719)544-2090
(H) #8 Kingsbridge
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
PEDIATRICS
ENDOCRINOLOGY & METABOLISM
DIABETES

Laman, Muryl L, MD
2002 Lake Ave
Pueblo, 81004 (719)584-7111
(H) 75 Villa Dr
Pueblo, 81001 (719)546-1500
PUEBLO COUNTY MED. SOC.
CARDIOLOGY
INTERNAL MEDICINE
AEROSPACE MEDICINE

LaMotte, Gary A, MD
124 W Pitkin
Pueblo, 81004
(H) 75 Massari Rd
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Lawrence, Richard A, MD
102 W Orman Ave
Pueblo, 81004 (719)545-4545
(H) 47 Briargate Ter
Pueblo, 81001 (719)543-5401
PUEBLO COUNTY MED. SOC.
PLASTIC SURGERY

PUEBLO

Licon, Virgilio, MD
230 Colorado Ave
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Light, Ruth L, MD
41 Montebello
Pueblo, 81001
(H) 2728 Inspiration Dr
Colorado Springs, 80917
PUEBLO COUNTY MED. SOC.
GENERAL PRACTICE

Luebke, Donald C, MD
2135 Jerry Murphy Rd
Pueblo, 81001 (719)544-7070
(H) 7 Oakbridge Dr
Pueblo, 81001 (719)544-1805
PUEBLO COUNTY MED. SOC.
PLASTIC SURGERY

Mackey, Winona R, MD
1008 Minnequa Ave
Pueblo, 81004 (719)560-5460
(H) 3110 Vickers Dr
Colorado Springs, 80918 (719)599-8270
PUEBLO COUNTY MED. SOC.
THERAPEUTIC RADIOLOGY

Manolis, Demosthenes A, MD
1600 W 24th St
Pueblo, 81003 (719)546-4311
(H) 29 Robertson Rd
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Marsh, Stuart G, MD
400 W 16th
Pueblo, 81003 (719)584-4405
PUEBLO COUNTY MED. SOC.
PATHOLOGY

Martinez, Benjamin, MD
1726 S Prairie Ave
Pueblo, 81005 (719)561-1291
(H) 3304 St Clair
Pueblo, 81005 (719)566-0281
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Massey, Benjamin H, MD
PO Box 11494
Pueblo, 81001
(H) 1801 Greenwood
Pueblo, 81003 (719)544-8687
PUEBLO COUNTY MED. SOC.
ANESTHESIOLOGY

Mastro, Edward R, MD
1925 E Orman Ave
Pueblo, 81004 (719)564-0210
(H) 62 Villa Dr
Pueblo, 81001 (719)543-2598
PUEBLO COUNTY MED. SOC.
GENERAL SURGERY

McBurney, James W, MD
1120 Minnequa Ave
Pueblo, 81004 (719)564-0660
(H) #40 Country Club Village
Pueblo, 81008 (719)543-2196
PUEBLO COUNTY MED. SOC.
OB & GYNCOLOGY

McCaffrey, Paul P, DO
1925 E Orman Ave
Pueblo, 81004 (719)566-1632
(H) 4504 Cedarweed Blvd
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

McCanless, James W, MD
400 W 16th St
Pueblo, 81003
(H) 144 Dunsmere Ave
Pueblo, 81004 (719)545-2936
PUEBLO COUNTY MED. SOC.
ANESTHESIOLOGY

McClung, Harvey W, MD
1925 E Orman, #254
Pueblo, 81004 (719)564-1512
(H) 14 Hadley Rill
Pueblo, 81001 (719)542-5319
PUEBLO COUNTY MED. SOC.
PULMONARY DISEASES
CRITICAL CARE MEDICINE

McIlroy, Richard H Sr, MD (Ret)
1915 N Greenwood
Pueblo, 81003 (719)545-6400
(H) 1915 Greenwood
Pueblo, 81003
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

McKinnon, George E, MD
Dept. Of Pathology
St Mary-Corwin Hosp
Pueblo, 81004 (719)560-5030
(H) 1320 W Abriendo
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY

Meeuwssen, James W, MD
1120 Minnequa Ave
Pueblo, 81004 (719)564-0660
(H) 107 Ironweed Ct
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
OB & GYNCOLOGY

Mehta, Uday K, MD
1008 Minnequa Ave
Pueblo, 81004
(H) 2025 Acero #28
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Michailov, Dimiter V, MD
1310 N Grand Ave
Pueblo, 81003 (719)545-9601
(H) 47 Robertson Rd
Pueblo, 81001 (719)545-7442
PUEBLO COUNTY MED. SOC.
OB & GYNCOLOGY

Miller, Roger W, MD
1925 E Orman Ave, #410
Pueblo, 81004 (719)561-0383
(H) 92 Kingsley Ave
Pueblo, 81005 (719)564-2200
PUEBLO COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Miller, Ted W, MD
1925 E Orman Ave
Pueblo, 81004 (719)564-6952
(H) 3300 Morris Ave
Pueblo, 81008
PUEBLO COUNTY MED. SOC.
PEDIATRICS

Moore, Timothy J, MD
230 Colorado Ave
Pueblo, 81004
(H) 4 Dover Ln
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Morgan, Alethia E, MD
1120 Minnequa
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
OB & GYNCOLOGY

Morton, David E, MD
2001 Lake Ave
Pueblo, 81004 (719)564-0080
(H) 2209 7th Ave
Pueblo, 81003 (719)542-3989
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Mueller, Edward E, MD
3 Strawflower Ct
Pueblo, 81001 (719)545-8555
(H) 3 Strawflower Ct
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
ANESTHESIOLOGY

Murchison, William G, MD
2002 Lake Ave
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
GASTROENTEROLOGY

Murley, Gordon D, MD
1314 N Grand Ave
Pueblo, 81003 (719)545-8240
(H) 111 University Cir
Pueblo, 81005 (719)561-8080
PUEBLO COUNTY MED. SOC.
GENERAL SURGERY

Nafziger, Steven D, MD
41 Montebello
Pueblo, 81001 543-4535
(H) 3 Wallflower Ct
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Nethery, Raymond A, MD (Ret)
1120 Minnequa Ave
Pueblo, 81004 (719)564-0660
(H) 933 Sylvan Meadows Dr
Modesto, CA, 95356
PUEBLO COUNTY MED. SOC.
GYNECOLOGY

Ohlsen, Joel D, MD
1008 Minnequa Ave
Pueblo, 81004 (719)560-5460
(H) PO Box 386
Rye, 81069 (719)489-3890
PUEBLO COUNTY MED. SOC.
THERAPEUTIC RADIOLOGY

Osborn, Mark M, MD
1619 N Greenwood, #304
Pueblo, 81003 (719)545-5297
(H) 1608 Lynda Ln
Pueblo, 81008
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Pecevich, Mark, MD
1600 W 24th
Pueblo, 81003 (719)546-4711
PUEBLO COUNTY MED. SOC.
PSYCHIATRY

Pemberton, James P, MD
1619 Greenwood
Pueblo, 81003 (719)542-6467
(H) 5405 Stonemore Dr
Pueblo, 81005
PUEBLO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Pflum, Eugene W, MD
1619 Greenwood, #102
Pueblo, 81003 (719)542-6983
(H) 2215 7th Ave
Pueblo, 81003
PUEBLO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Phelps, Harvey W, MD (Ret)
(H) 2424 Greenwood St
Pueblo, 81003 (719)543-5922
PUEBLO COUNTY MED. SOC.
PULMONARY DISEASES

Pheips, Lynn M, MD
71 Villa Dr
Pueblo, 81001 (719)542-7891
(H) 71 Villa Dr
Pueblo, 81001 (719)545-2856
PUEBLO COUNTY MED. SOC.
RADIOLOGY

Pierce, Robert D, MD
1619 Greenwood, #406
Pueblo, 81003
(H) 5500 Hwy 76 W
Pueblo, 81005 (719)564-2155
PUEBLO COUNTY MED. SOC.
OPHTHALMOLOGY

Potestio, Charles M, MD
1930 E Orman Ave
Pueblo, 81004 (719)564-0611
(H) 1102 W Orman Ave
Pueblo, 81004 (719)543-1331
PUEBLO COUNTY MED. SOC.
OB & GYNCOLOGY

Proctor, Carla R, MD
41 Montebello
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
PEDIATRICS

Province, Darryl L, MD
517 Colorado Ave
Pueblo, 81004 (719)543-4016
(H) 509 Linda Vista Ave
Pueblo, 81005 (719)561-1251
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Radway, Paul R, MD
2002 Lake Ave
Pueblo, 81004 (719)584-7145
(H) 1 Ramsgate Pl
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
GENERAL SURGERY

Ramos, Michael A, MD
3937 Ivywood Ln
Pueblo, 81005
(H) 1718 Wabash
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Rao, Y N, MD
1304 N Grand Ave
Pueblo, 81003 (719)544-4141
(H) 25 Bell Flower Ct
Pueblo, 81001 (719)544-8038
PUEBLO COUNTY MED. SOC.
PEDIATRICS

Rapp, Barry M, MD
2001 Lake Ave
Pueblo, 81004 (719)564-0300
(H) 232 Dunsmere
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Rawat, Sumant, MD
1925 E Orman
Pueblo, 81004 (719)564-7444
PUEBLO COUNTY MED. SOC.
NEUROLOGY

Raye, Charles H, MD
1008 Minnequa
Pueblo, 81004 (719)560-5870
(H) 3019 Springridge
Colorado Springs, 80906 (719)576-6097
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Rea, John J, MD
1619 Greenwood
Pueblo, 81003 (719)542-2301
(H) 552 Golfwood Dr
Pueblo West, 81007
PUEBLO COUNTY MED. SOC.
RADIOLOGY

Redwine, Robert H, MD
151 Central Main
Pueblo, 81003 (719)544-8376
(H) 423 W 18th
Pueblo, 81003 (719)544-7971
PUEBLO COUNTY MED. SOC.
PUBLIC HEALTH

Reichert, Thomas K, MD
216 W 13th St
Pueblo, 81003 (719)544-9200
(H) 8 Yarrow Ct
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Reilly, Gerald D, MD
1925 E Orman Ave, #148
Pueblo, 81004 (719)564-0963
(H) 1600 Lynda Ln
Pueblo, 81008
PUEBLO COUNTY MED. SOC.
NEUROLOGICAL SURGERY

Rendler, Michael Thos, MD
401 Michigan Ave
Pueblo, 81004 (719)545-3555
(H) 3310 Morris Ave
Pueblo, 81008 (719)584-3060
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Roberts, Emil L, DO
2401 W Northern Ave
Pueblo, 81004 (719)561-4853
(H) 317 E Park Ave
Fowler, 81039 (719)263-4202
OTERO COUNTY MED. SOC.
GENERAL PRACTICE

Rosenbloom, J L, MD (Ret)
900 W Abriendo Ave, #102-D
Pueblo, 81004 (719)564-4142
(H) 900 W Abriendo Ave #102-D
Pueblo, 81004 (719)545-1134
PUEBLO COUNTY MED. SOC.
PSYCHIATRY

Rouge, Donn A, MD
1008 Minnequa Ave
St Mary-Corwin Hosp
Pueblo, 81004 (719)560-5030
(H) PO Box 11753
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY

Rowley, Raymond D, MD
1619 N Greenwood
Pueblo, 81003 (719)546-2229
(H) 12 Sandcastle
Pueblo, 81001 (719)545-1818
PUEBLO COUNTY MED. SOC.
OB & GYNCOLOGY

Ruiter, Richard, MD
1008 Minnequa
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

PUEBLO

Rusk, Harvey S, MD (Ret)

2125 7th Ave
Pueblo, 81003 (719)542-7722
(H) 2125 7th Ave
Pueblo, 81003 (719)542-7722
PUEBLO COUNTY MED. SOC.
OPHTHALMOLOGY
OTORHINOLARYNGOLOGY

Ryals, Jarvis D, MD

400 W 17th St
Pueblo, 81003 (719)543-4040
(H) 84 Ironweed Dr
Pueblo, 81001 (719)546-0040
PUEBLO COUNTY MED. SOC.
NEUROLOGY

Sadler, Richard L, MD

1925 E Orman Ave, #450
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
CARDIOVASCULAR SURGERY
THORACIC SURGERY

Salerno, Charles F, MD

2002 Lake Ave
Southern CO Clinic
Pueblo, 81004 (719)564-9600
(H) 4 Hilton Ln
Pueblo, 81001 (719)543-7225
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE
PULMONARY DISEASES

Sampath, Kulasekhar, MD

1619 Greenwood, #204
Pueblo, 81003 (719)544-2890
PUEBLO COUNTY MED. SOC.
GENERAL SURGERY

Sbarbaro, James A, MD

1925 E Orman
Pueblo, 81004 (719)584-7111
(H) 329 Carlile Ave
Pueblo, 81004 (719)546-0089
PUEBLO COUNTY MED. SOC.
CARDIOVASCULAR DISEASES

Schlomer, Donald, MD

830 W Abriendo Ave, #32
Pueblo, 81004 (719)542-1464
(H) 891 Clearview Pl
Pueblo, 81006 (719)542-1464
PUEBLO COUNTY MED. SOC.
OPHTHALMOLOGY

Schmidt, John J, MD

509 W 17th St
Pueblo, 81003 (719)543-2211
(H) 7 Sedum Ct
Pueblo, 81001 (719)546-3848
PUEBLO COUNTY MED. SOC.
DERMATOLOGY

Schneider, Herbert H, MD

1619 Greenwood
Pueblo, 81003 (719)544-2890
PUEBLO COUNTY MED. SOC.
GENERAL SURGERY

Schorlemmer, Gilbert R, MD

1925 E Orman Ave, #450
Pueblo, 81004 (719)564-6919
(H) 109 La Vista Rd
Pueblo, 81005
PUEBLO COUNTY MED. SOC.
CARDIOVASCULAR SURGERY
THORACIC SURGERY
VASCULAR SURGERY

Schultz, R J Black, MD

110 E Routt Ave
Pueblo, 81004 (719)544-2842
(H) 400 W Abriendo Ave
Pueblo, 81004 (719)544-4883
PUEBLO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Shroyer, Joseph M, MD

1925 E Orman Ave, #357
Pueblo, 81004 (719)564-0390
(H) 1302 Longwood
Pueblo, 81004 (719)545-9720
PUEBLO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Skrei, Richard P, MD

1008 Minnequa Ave
Pueblo, 81004
(H) 1821 Yakima
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Smiley, Scott L, MD

PO Box 11512
Pueblo, 81001 (719)542-2301
(H) 1662 N Byers
Pueblo West, 81001 (719)545-9681
PUEBLO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Smith, Christopher J, MD

517 Colorado Ave
Pueblo, 81004 (719)543-4016
(H) 129 Ironweed Dr
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Smith, David D, MD

1008 Minnequa Ave
Pueblo, 81004 (719)560-5870
(H) 3 Bandera Ct
Pueblo, 81005 (719)564-2628
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Smith, Harold J, MD

1401 Anita St
Pueblo, 81001 (719)545-6091
(H) 118A Scotland Rd #A
Pueblo, 81001
PUEBLO COUNTY MED. SOC.
GENERAL PRACTICE

Smith, Loyd L, MD

PO Box 316
CF&I Steel Corp
Pueblo, 81002 (719)561-6344
(H) 34 Amherst Ave
Pueblo, 81005
PUEBLO COUNTY MED. SOC.
OCCUPATIONAL MEDICINE

Smith, Thomas R, MD

1925 E Orman Ave, A-245
Pueblo, 81004 (719)564-3586
(H) 96 Purdue St
Pueblo, 81005
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Snyder, Charles E, MD

102 W Orman Ave
Pueblo, 81004 (719)545-3937
(H) 3400-A West 10th St
Pueblo, 81003
PUEBLO COUNTY MED. SOC.
OPHTHALMOLOGY

Souza, Pedro M, MD

10 Martha Ln
Pueblo, 81001
PUEBLO COUNTY MED. SOC.

Spiro, R Timothy, MD

(H) 203 W Orman
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
SPORTS MEDICINE

Stachler, John M, MD

2002 Lake Ave
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
CARDIOVASCULAR DISEASES
INTERNAL MEDICINE

Stewart, Robert S, MD

St Mary-Corwin Hosp
1008 Minnequa
Pueblo, 81004 (719)560-5030
(H) 56 Villa Dr
Pueblo, 81001 (719)544-0924
PUEBLO COUNTY MED. SOC.
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY
FORENSIC PATHOLOGY

Stjernholm, James R, MD

1925 E Orman Ave, #235A
Pueblo, 81004 (719)564-0450
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Stjernholm, T Christian, MD

459 W 17th
Pueblo, 81003 (719)544-3553
PUEBLO COUNTY MED. SOC.
CARDIOVASCULAR DISEASES

Stjernholm, Thomas, MD

1925 E Orman Ave
Pueblo, 81004 (719)564-0450
(H) 307 La Vista Rd
Pueblo, 81005
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Sullivan, Wallace B, MD

1318 N Grand Ave
Pueblo, 81003 (719)545-9412
(H) 814 Baxter Rd
Pueblo, 81006 (719)948-2926
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

PUEBLO - ROCKY FORD**Swartz, Carl W Jr, MD (Ret)**

(H) 707 W Orman Ave
Pueblo, 81004 (719)544-1051
PUEBLO COUNTY MED. SOC.
GENERAL PRACTICE
OB & GYNCOLOGY

Sweeney, Michele K, MD

400 W 16th
Pueblo, 81003 (719)584-4400
PUEBLO COUNTY MED. SOC.
EMERGENCY MEDICINE

Tice, Frederick G Jr, MD (Ret)

(H) 34 Country Club Village
Pueblo, 81008
PUEBLO COUNTY MED. SOC.
DERMATOLOGY

Tonne, Jay C, MD

1619 Greenwood, #406
Pueblo, 81003 (719)543-6611
(H) 1801 Elizabeth
Pueblo, 81003 (719)544-7156
PUEBLO COUNTY MED. SOC.
OPHTHALMOLOGY

Turman, William G, MD

1008 Minnequa
Pueblo, 81004 (719)560-5552
(H) 760 Calle de Caballos
Pueblo West, 81007 (719)547-2121
PUEBLO COUNTY MED. SOC.
ADMINISTRATIVE MEDICINE

Vialpando, Stephen G

509 Colorado
Pueblo, 81004 (719)542-9132
(H) 37 Posada Dr
Pueblo, 81005 (719)561-8359
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Vickery, Don L, MD (Ret)

(H) 3844 Carlile Ave
Pueblo, 81005
PUEBLO COUNTY MED. SOC.
RADIOLOGY

Wainwright, Neil D, MD

830 W Abriendo Ave
Pueblo, 81004 (719)542-1464
(H) 406 La Vista Rd
Pueblo, 81005 (719)564-7395
PUEBLO COUNTY MED. SOC.
OPHTHALMOLOGY

Waldron, Carla C, MD

2002 Lake Ave
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
OB & GYNCOLOGY

Walls, Larry D, MD

2001 Lake Ave
Pueblo, 81004 (719)564-0300
(H) 2100 Northmoor Ter
Pueblo, 81008
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Wehling, Constance L, MD

1925 E Orman Ave, #235A
Pueblo, 81004 (719)564-0450
(H) 1246 Longwood
Pueblo, 81004 (719)543-7172
PUEBLO COUNTY MED. SOC.
NEPHROLOGY
INTERNAL MEDICINE

Wood, Michael, MD

1925 E Orman, #235A
Pueblo, 81004 (719)564-0450
(H) 1246 Longwood
Pueblo, 81004
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

Wulfsberg, Einar J, MD

PO Box 11512
Pueblo, 81001 (719)542-2301
(H) 325 S Conquistador
Pueblo, 81007 (719)547-2990
PUEBLO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Yap, Alfredo T, MD

2025 N Main St
Pueblo, 81003 (719)543-0992
(H) 4019 Ridge Dr
Pueblo, 81008 (719)544-3533
PUEBLO COUNTY MED. SOC.
PSYCHIATRY

Young, Robert S II, MD

1925 E Orman Ave
Pueblo, 81004 (719)561-0703
PUEBLO COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Zacher, Eustice, MD

1306 N Grand Ave
Pueblo, 81003 (719)542-9011
PUEBLO COUNTY MED. SOC.
OB & GYNCOLOGY
FAMILY PRACTICE

Zawadowski, Raphael J, MD

1619 N Greenwood, #208
Pueblo, 81003 (719)544-6181
(H) 1619 N Greenwood
Pueblo, 81003
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE

PUEBLO WEST, CO**Bloor, Robert J, MD (Ret)**

(H) PO Box 7347
Pueblo West, 81007 (719)547-3530
PUEBLO COUNTY MED. SOC.
THERAPEUTIC RADIOLOGY

Rea, John J, MD

1619 Greenwood
Pueblo, 81003 (719)542-2301
(H) 552 Golfwood Dr
Pueblo West, 81007
PUEBLO COUNTY MED. SOC.
RADIOLOGY

Smiley, Scott L, MD

PO Box 11512
Pueblo, 81001 (719)542-2301
(H) 1662 N Byers
Pueblo West, 81001 (719)545-9681
PUEBLO COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Turman, William G, MD

1008 Minnequa
Pueblo, 81004 (719)560-5552
(H) 760 Calle de Caballos
Pueblo West, 81007 (719)547-2121
PUEBLO COUNTY MED. SOC.
ADMINISTRATIVE MEDICINE

Vancamp, Wesley, MD (Ret)

(H) 1015 Rancocas Dr
P O Box 7214
Pueblo West, 81007 (719)547-2154
PUEBLO COUNTY MED. SOC.
INTERNAL MEDICINE
CARDIOLOGY

RIDGWAY, CO**Bachman, David C, MD**

302 2nd St
Ouray, 81427 325-4927
(H) 242 CR 12B
Ridgway, 81432 626-5634
CURECANTI MED. SOC.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

RIFLE, CO**Artist, Ricky L, MD**

525 Aspen
Rifle, 81650 625-1100
(H) 1459 Dogwood Dr
Rifle, 81650
MT. SOPRIS COUNTY MED. SOC.
FAMILY PRACTICE

Schwartz, Kenneth A, MD

525 Aspen Ave
Rifle, 81650 625-1100
(H) 809 Cedar Dr
Rifle, 81650
MT. SOPRIS COUNTY MED. SOC.
FAMILY PRACTICE

ROCKY FORD, CO**Martin, Theodore E, MD**

903 S 12th St
Rocky Ford, 81067 (719)254-7457
(H) 500 S 6th
Rocky Ford, 81067 (719)254-7366
OTERO COUNTY MED. SOC.
GENERAL PRACTICE
FAMILY PRACTICE

ROCKY FORD - STEAMBOAT SPRINGS

Satt, James M, MD

903 S 12th

Rocky Ford, 81067

(719)254-7381

(H) 980 Tennyson Dr

Rocky Ford, 81067

(719)254-3757

OTERO COUNTY MED. SOC.

GENERAL PRACTICE

GENERAL PREVENTIVE MED

AMBULATORY MEDICINE

RYE, CO

Ohlsen, Joel D, MD

1008 Minnequa Ave

Pueblo, 81004

(719)560-5460

(H) PO Box 386

Rye, 81069

(719)489-3890

PUEBLO COUNTY MED. SOC.

THERAPEUTIC RADIOLOGY

SALIDA, CO

Barkett, V Michael, MD

577 E 1st

Salida, 81201

(719)539-7154

(H) 16150 CR 220

Salida, 81201

(719)539-4920

CHAFFEE COUNTY MED. SOC.

GENERAL SURGERY

GASTROENTEROLOGY

Cline, Donald W, MD

543 E 1st

Salida, 81201

(719)539-3543

(H) 1317 1st

Salida, 81201

CHAFFEE COUNTY MED. SOC.

GENERAL SURGERY

TRAUMATIC SURGERY

ORTHOPEDIC SURGERY

EMERGENCY MEDICINE

FAMILY PRACTICE

Leonardi, Leo J, MD

327 E 1st St

Salida, 81201

(719)539-6637

(H) 248 Crestone

Salida, 81201

(719)539-2674

CHAFFEE COUNTY MED. SOC.

GENERAL PRACTICE

GENERAL SURGERY

Mehos, William G, MD

327 E 1st St

Salida, 81201

(719)539-6637

(H) 805 Poncha Blvd

Salida, 81201

CHAFFEE COUNTY MED. SOC.

FAMILY PRACTICE

ANESTHESIOLOGY

Sandell, Thomas G, MD

327 E 1st St

Salida, 81201

(719)539-6637

(H) 111 Shavano

Salida, 81201

(719)539-6365

CHAFFEE COUNTY MED. SOC.

FAMILY PRACTICE

Weber, Mark W, MD

515 E 1st

Salida, 81201

(719)539-3581

(H) 1108 H St

Salida, 81201

(719)539-4845

CHAFFEE COUNTY MED. SOC.

OPHTHALMOLOGY

SECURITY, CO

Blixt, James K, DO

419 Security Blvd

Security, 80911

(719)392-1441

EL PASO COUNTY MED. SOC.

FAMILY PRACTICE

Watts, Walter H, DO

419 Security Blvd

Security, 80911

(719)392-7201

EL PASO COUNTY MED. SOC.

GENERAL PRACTICE

Zimmer, James A, DO

419 Security Blvd

Security, 80911

(719)392-3883

EL PASO COUNTY MED. SOC.

GENERAL PRACTICE

SEDALIA, CO

England, Jack D, DO

700 Potomac

Aurora, 80011

360-3136

(H) 1494 Perry Pk

Sedalia, 80135

DIRECT CMS MEMBER

EMERGENCY MEDICINE

SILVERTHORNE, CO

Thompson, James D, MD

8300 W 38th Ave, Emer Rm

Wheat Ridge, 80033

(H) PO Box 1008

Silverthorne, 80498

468-2666

CLEAR CREEK VALLEY MED. SOC.

EMERGENCY MEDICINE

SNOWMASS VILLAGE, CO

Burke, James M, MD

323 W Main

Aspen, 81611

925-8005

(H) Box 6239

Snowmass Village, 81615

MT. SOPRIS COUNTY MED. SOC.

OB & GYNECOLOGY

INFERTILITY

SOUTH FORK, CO

West, Norman L, MD

PO Box 245

South Fork, 81154

(719)873-5575

(H) Box 245

South Fork, 81154

(719)873-5661

SAN LUIS VALLEY MED. SOC.

INTERNAL MEDICINE

CARDIOVASCULAR DISEASES

SPRINGFIELD, CO

Manalo, Antonio S, MD

900 Church St

Springfield, 81073

(719)523-6221

(H) 309 Pine

Springfield, 81073

SOUTHEASTERN COLORADO MED. SOC.

GENERAL PRACTICE

STEAMBOAT SPRINGS, CO

Bookman, Lawrence B, DO

PO Box 773257

Steamboat Springs, 80477

879-5702

(H) Box 773257

Steamboat Springs, 80477

NORTHWESTERN COLORADO MED. SOC.

EMERGENCY MEDICINE

Bowen, G Scott, MD

100 Park Ave, #202

Steamboat Springs, 80487

NORTHWESTERN COLORADO MED. SOC.

ORTHOPEDIC SURGERY

Callaghan, Rachel J, MD

PO Box 774136

Steamboat Springs, 80477

(H) Box 4136

Steamboat Springs, 80477

NORTHWESTERN COLORADO MED. SOC.

INTERNAL MEDICINE

Dudley, James R, MD

1475 Pine Grove Rd, #102

Steamboat Springs, 80487

879-0203

(H) Box 771740

Steamboat Springs, 80477

NORTHWESTERN COLORADO MED. SOC.

FAMILY PRACTICE

ADOLESCENT MEDICINE

Price, Vernon H, MD (Ret)

(H) 1089 Village Ln

Steamboat Springs, 80477

879-1844

NORTHWESTERN COLORADO MED. SOC.

FAMILY PRACTICE

Smilkstein, Daniel H, MD

1475 Pinegrove Rd, #102

Steamboat Springs, 80487

NORTHWESTERN COLORADO MED. SOC.

FAMILY PRACTICE

Tomlin, Donald D, MD

100 Park Ave, #204

Steamboat Springs, 80487

879-3738

NORTHWESTERN COLORADO MED. SOC.

OB & GYNECOLOGY

Williams, David M, MD

1475 Pine Grove Rd, #102

Steamboat Springs, 80487

879-0203

(H) Box 772929

36 Deerfoot

Steamboat Springs, 80477

879-3730

NORTHWESTERN COLORADO MED. SOC.

FAMILY PRACTICE

STERLING, CO

Buchanan, William S, MD

PO Box 951
1410 S 7th Ave
Sterling, 80751 522-1833
(H) 510 Glenora St
Sterling, 80751 522-0976
NORTHEAST COLORADO MED. SOC.
OPHTHALMOLOGY

Clark, Curtis C, MD

1405 S 8th Ave
Sterling, 80751 522-3304
(H) 828 Holly Dr
Sterling, 80751 522-6949
NORTHEAST COLORADO MED. SOC.
FAMILY PRACTICE

Dowis, Gaylord M, MD

PO Box 1687
1414 S 3rd Ave
Sterling, 80751 522-5810
(H) 805 Hawthorn Ct
Sterling, 80751
NORTHEAST COLORADO MED. SOC.
GENERAL PRACTICE

Elliiff, John E, MD

1410 S 7th Ave, Box 951
Sterling, 80751 522-1833
NORTHEAST COLORADO MED. SOC.
OPHTHALMOLOGY

Ezell, William W, MD

1405 S 8th Ave
Box 1191
Sterling, 80751 522-2264
(H) 18753 CR 32
Sterling, 80751 522-8490
NORTHEAST COLORADO MED. SOC.
UROLOGICAL SURGERY

Genskow, Gordon L, MD

Box 1044
Sterling, 80751 522-0122
(H) Box 1044
Sterling, 80751
NORTHEAST COLORADO MED. SOC.
ANESTHESIOLOGY

Kilpatrick, David M, MD

620 Iris Dr
Sterling, 80751 522-7266
(H) 14152 Greenway Dr
Sterling, 80751
NORTHEAST COLORADO MED. SOC.
INTERNAL MEDICINE

Kimball, N Curtis, MD

1405 S 8th Ave
Box 1191
Sterling, 80751 522-5720
(H) 832 Hawthorn Ct
Sterling, 80751 522-2557
NORTHEAST COLORADO MED. SOC.
GENERAL SURGERY

Laforce, Richard F, MD

1405 S 8th Ave #102
PO Box 248
Sterling, 80751 522-3335
(H) 417 Fairhurst
Sterling, 80751 522-1733
NORTHEAST COLORADO MED. SOC.
OTORHINOLARYNGOLOGY

LaForce, William R, MD

1405 S 8th Ave, #104
Sterling, 80751
(H) 1722 Pheasant Ridge
Sterling, 80751
NORTHEAST COLORADO MED. SOC.
PEDIATRICS

Lamb, Richard C, MD

620 Iris Dr
Sterling, 80751 522-7266
(H) 240 Sage Dr
Sterling, 80751 522-7266
NORTHEAST COLORADO MED. SOC.
INTERNAL MEDICINE

Lopez, Edward M, MD

1405 S 8th Ave
PO Box 1191
Sterling, 80751 522-5720
(H) 406 Highland
Sterling, 80751 522-7095
NORTHEAST COLORADO MED. SOC.
GENERAL SURGERY

Mackey, Jack L, MD

1410 S 3rd Ave
Sterling, 80751 522-2630
(H) 701 Elwood
Sterling, 80751
NORTHEAST COLORADO MED. SOC.
FAMILY PRACTICE

McKnight, James H Jr, MD

1405 S 8th Ave
Box 1191
Sterling, 80751 522-5720
(H) 203 Country Club Dr
Sterling, 80751 522-2004
NORTHEAST COLORADO MED. SOC.
GENERAL SURGERY

Ollhoff, Harold J, DO

Box 226
Sterling, 80751 522-0196
(H) 623 Beattie
Sterling, 80751 522-0196
NORTHEAST COLORADO MED. SOC.
GENERAL PRACTICE

Pickard, Thomas M, MD

615 Fairhurst
Dept Of Radiology
Sterling, 80751 522-7100
(H) 507 Pawnee Dr Rt 4
Sterling, 80751
NORTHEAST COLORADO MED. SOC.
RADIOLOGY

Pohlman, Floyd H, MD

1405 S 8th Ave, #101
Sterling, 80751 522-2264
(H) Box 67
7773 4th St
Atwood, 80722 522-4435
NORTHEAST COLORADO MED. SOC.
ORTHOPEDIC SURGERY

Smith, Drew H, MD

Logan County Hospital
Sterling, 80751 522-0122
(H) 102 Juniper Dr
Sterling, 80751 522-5617
NORTHEAST COLORADO MED. SOC.
PATHOLOGY

Stahl, Larry G, DO

108 Delmar
Sterling, 80751 522-8643
(H) 18046 Westwood Dr
Sterling, 80751 522-8066
NORTHEAST COLORADO MED. SOC.
GENERAL PRACTICE

Timmermans, Dirk F, MD (Ret)

(H) PO Box 1807
Sterling, 80751 522-6922
NORTHEAST COLORADO MED. SOC.
PATHOLOGY

VanSchooneveld, Craig H, MD

108 Delmar St
Sterling, 80751 522-6120
(H) 714 Fairhurst
Sterling, 80751
NORTHEAST COLORADO MED. SOC.
FAMILY PRACTICE

Wagner, Kay E, MD

PO Box 1432
Sterling, 80751 522-0122
(H) 105 Ponderosa Dr
Sterling, 80751
NORTHEAST COLORADO MED. SOC.
DIAGNOSTIC RADIOLOGY

Zimmerman, Dudley C, DO

1408 S 3rd Ave, Box 31
Sterling, 80751 522-6700
(H) PO Box 31
Sterling, 80751
NORTHEAST COLORADO MED. SOC.
GENERAL PRACTICE

STRASBURG, CO

Hayman, Mark P, MD

PO Box B
Arco Bldg
Strasburg, 80136 622-9237
(H) PO Box 119
Strasburg, 80136
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE

TABERNASH - TRINIDAD**TABERNASH, CO****Arnold, Andrew L, MD**

7 Mile Clinic
Box 1285 King's Crossing
Winter Park, 80482 726-8066

- (H) Box 626 726-5281
Tabernash, 80478
NORTHWESTERN COLORADO MED. SOC.
FAMILY PRACTICE
EMERGENCY MEDICINE
SPORTS MEDICINE

TELLURIDE, CO**Hebert, James O III, MD**

100 Stafford Ln
Delta, 81416
(H) PO Box 1166 728-4771
Telluride, 81435
DELTA COUNTY MED. SOC.
EMERGENCY MEDICINE

Ingalls, Judith, MD

PO Box 1229
Telluride, 81435
CURECANTI MED. SOC.
FAMILY PRACTICE

THORNTON, CO**Adams, Lief E, DO**

9669 N Huron St
Thornton, 80221 428-8536
(H) 824 W 97th Ave
Northglenn, 80221
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Berg, Dal H A, DO

9981 N Washington St
Thornton, 80229 451-8069
(H) 11465 Quivas Way 469-7329
Westminster, 80234
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Bernstein, Leonard D, MD

9141 Grant St, #115
Thornton, 80229 450-5400
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY
INFERTILITY
OBSTETRICS

Birn, Jeffrey I, MD

Humana Hosp Mtn Vw
9191 Grant
Thornton, 80229 450-4482
BOULDER COUNTY MED. SOC.
EMERGENCY MEDICINE

Char, David C, MD

9191 Grant St
Thornton, 80229 451-7800
(H) 1765 Glencoe St
Denver, 80220
DENVER MED. SOC.
PULMONARY DISEASES

Dubelman, Alan D, MD

9141 Grant St, #100
Thornton, 80229
(H) 8101 E Dartmouth #87
Denver, 80231
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
EMERGENCY MEDICINE

Dunkin, Don E, DO

8989 N Huron St
Thornton, 80221 427-5161
(H) 14531 Country Hills Dr
Brighton, 80601
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Fischer, John A, MD

11141 Irma Dr
Northglenn, 80233 452-2766
(H) 1262-A E 130th Ave
Thornton, 80241
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Friedman, Joseph B, MD

9191 Grant St
Thornton, 80229 450-4482
(H) 3660 Larkwood Ct
Boulder, 80302 444-8938
BOULDER COUNTY MED. SOC.
EMERGENCY MEDICINE

Hill, Douglas M, DO

9191 Grant St
Thornton, 80229 451-7800
(H) 6770 Ridgeview
Morrison, 80465 697-4181
DIRECT CMS MEMBER
EMERGENCY MEDICINE

Hlavaty, Vaclav, MD

9141 Grant St, #210
Thornton, 80229 451-5557
(H) 2609 S Quebec St #5
Denver, 80231 758-4169
DENVER MED. SOC.
OB & GYNECOLOGY
INFERTILITY

Kashuk, Jeffry L, MD

9141 Grant St, #B-40
Thornton, 80229
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY

Patel, Dayalji D, MD

9141 Grant St, #120
Thornton, 80229
(H) 4750 W 103rd Ct
Westminster, 80030
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS

Rudd-McCoy, Nancy A, MD

9141 Grant St, #115
Thornton, 80229 450-5400
(H) 6213 S Niagara Way
Englewood, 80111 770-5239
AURORA-ADAMS COUNTY MED. SOC.
OB & GYNECOLOGY

Santoro, John A Jr, MD

10001 N Washington
Thornton, 80229 252-9981
(H) 1119 Par Rd 466-9100
Broomfield, 80020
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

Schuler, Willard D, MD

9141 Grant, #240
Thornton, 80229 450-2476
(H) 4830 W 102nd Pl
Westminster, 80030
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Segall, Neil C, DO

3814 E 120th Ave
Thornton, 80233 452-2046
(H) 865 Fillmore
Denver, 80206
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Sobel, John H, MD

9141 Grant St, #130
Thornton, 80229 450-6688
CLEAR CREEK VALLEY MED. SOC.
OTORHINOLARYNGOLOGY

Spray, Selwyn M, MD

2090 E 104th Ave
Denver, 80233 452-6500
(H) 10138 St Paul St
Thornton, 80229 451-7418
AURORA-ADAMS COUNTY MED. SOC.
GENERAL PRACTICE

Stabel, David E, MD

9141 Grant, #240
Thornton, 80229 450-2476
(H) 9705 Raleigh
Westminster, 80030
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Taravella, Michael J, MD

10001 N Washington
Thornton, 80229 839-1000
(H) 2744 W 118th Ave
Denver, 80234
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

Yen, William T, MD

9191 Grant
Thornton, 80229
DENVER MED. SOC.
RADIOLOGY

TRINIDAD, CO**Fabec, Sally L, MD**

328 Bonaventure St
Trinidad, 81085 (719)846-4433
(H) 611 S Indiana
Trinidad, 81082 (719)846-7029
LAS ANIMAS COUNTY MED. SOC.
INTERNAL MEDICINE

Jolladay, Donald E, MD
1st Natl Bank Bldg
4th Floor
Trinidad, 81082 (719)846-3302
(H) 2652 Delagua
Trinidad, 81082 (719)846-7223
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE
EMERGENCY MEDICINE

Jimenez, Guilebaldo E, MD
Box 142
Trinidad, 81082 (719)846-7787
(H) 203 Garcia St
Trinidad, 81082
LAS ANIMAS COUNTY MED. SOC.
INTERNAL MEDICINE

Jimenez, Joseph P, MD
328 Bonaventure
Trinidad, 81082 (719)846-2206
(H) 268 Nona Ave
Trinidad, 81082 (719)846-3629
LAS ANIMAS COUNTY MED. SOC.
FAMILY PRACTICE

McFarland, Douglas M, MD
328 Bonaventure Ave
Trinidad, 81082 (719)846-3305
(H) PO Box 338
Trinidad, 81082 (719)846-6203
LAS ANIMAS COUNTY MED. SOC.
FAMILY PRACTICE

Spokas, Frank J Jr, MD
410 Benedicta Ave, #338
Trinidad, 81082
(H) 1003 Victoria Square
Trinidad, 81082
LAS ANIMAS COUNTY MED. SOC.
GENERAL SURGERY

Visconti, Francis T, MD
1316 E Main
Trinidad, 81082 (719)846-9281
PUEBLO COUNTY MED. SOC.
GENERAL PRACTICE

VAIL, CO

Bevan, William A Jr, MD
Vail Valley Med Ctr
181 W Meadow Dr #100
Vail, 81657 476-2451
(H) 0025 Cottonwood Dr
Eagle-Vail, 81657 949-0793
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE
EMERGENCY MEDICINE

Brooks, Laurence W, MD
181 W Meadow Dr
Vail, 81657 476-8065
(H) PO Box 1050
Edwards, 81632
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE
EMERGENCY MEDICINE

Chipman, Leon D, MD
181 W Meadow Dr
Vail, 81657 476-7220
(H) PO Box 5500
Avon, 81620
INTERMOUNTAIN MED. SOC.
ORTHOPEDIC SURGERY

Chow, Franklin S, MD
181 W Meadow Dr
Vail, 81657 476-4674
(H) 746 Deer Blvd
PO Box 3257
Eagle-Vail, 81657 949-1983
INTERMOUNTAIN MED. SOC.
OB & GYNECOLOGY

Dooher, Gerald R, MD
181 W Meadow Dr
Vail, 81657 476-2451
(H) 1427 Vail Valley Dr
Vail, 81657 476-2129
INTERMOUNTAIN MED. SOC.
RADIOLOGY

Eck, Frederick J Jr, MD
Box 1067
181 W Meadow Dr
Vail, 81657 476-7600
DENVER MED. SOC.
INTERNAL MEDICINE

Feeney, Jonathan C, MD
181 W Meadow Dr, #200
Vail, 81657 476-5695
(H) 0144 Stone Creek
Eagle-Vail, 81657
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE

Freedman, Philip E, MD
181 W Meadow Dr, #200
Vail, 81657 476-5695
(H) 789 Potato Patch
Vail, 81657
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE

Gerner, Robert E, MD
181 W Meadow Dr
Vail, 81658 476-7226
INTERMOUNTAIN MED. SOC.
GENERAL SURGERY
ONCOLOGY

Gottlieb, John E, MD
181 W Meadow Dr
Vail, 81657 476-7220
(H) 3021 Booth Falls Rd #5
Vail, 81657 476-0420
INTERMOUNTAIN MED. SOC.
ORTHOPEDIC SURGERY

Martin, Travis W, MD
PO Box 1942
Vail, 81657 949-4152
MT. SOPRIS COUNTY MED. SOC.
EMERGENCY MEDICINE

Paul, David H, MD
181 W Meadow
Vail, 81657
(H) PO Box 1030
Avon, 81620
INTERMOUNTAIN MED. SOC.
EMERGENCY MEDICINE

Petrie, Kent Alan, MD
181 W Meadow Dr, #200
Vail, 81657 476-5695
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE

Rossi, Joseph P, MD
108 S Frontage Rd, #302
Vail, 81658 476-2851
INTERMOUNTAIN MED. SOC.
PEDIATRICS

Steinberg, Thomas I, MD
181 W Meadow Dr
Vail, 81657 476-5695
INTERMOUNTAIN MED. SOC.
GENERAL PRACTICE
INDUSTRIAL MEDICINE

Yarberry, Steven A, MD
181 W Meadow Dr, #200
Vail, 81657
(H) PO Box 94
Avon, 81620
INTERMOUNTAIN MED. SOC.
FAMILY PRACTICE

WALDEN, CO

France, David W Jr, MD
521 5th St
Walden, 80480 723-4255
(H) PO Box 8
Walden, 80480 723-4341
NORTHWESTERN COLORADO MED. SOC.
GENERAL PRACTICE

WALSENBURG, CO

Lamme, James M Jr, MD (Ret)
(H) 528 E Kansas Ave
Walsenburg, 81089 (719)738-1251
HUERFANO COUNTY MED. SOC.
GENERAL PRACTICE
FAMILY PRACTICE

Quimby, Robert L, MD (Ret)
(H) 8232 CR 330
Walsenburg, 81089
LAS ANIMAS COUNTY MED. SOC.
RADIOLOGY

Vialpando, Arthur B, MD
PO Box 542
Walsenburg, 81089 (719)738-1521
(H) 807 W Cedar St
Walsenburg, 81089 (719)738-1038
HUERFANO COUNTY MED. SOC.
GENERAL PRACTICE

Villalon, Joseph H, MD
PO Box 792
Walsenburg, 81089 (719)738-3350
(H) 137 W 3rd St
Walsenburg, 81089
HUERFANO COUNTY MED. SOC.
FAMILY PRACTICE

WATKINS - WESTMINSTER**WATKINS, CO****Nelson, J Phillip, MD**

3535 Cherry Creek N Dr, #301
 Denver, 80209 333-2357
 (H) 35878 E Mississippi Ave
 Watkins, 80137
 DENVER MED. SOC.

ORTHOPEDIC SURGERY

WESTMINSTER, CO**Barnacle, John C, MD**

8400 Alcott St, #109
 Westminster, 80030 428-9696
 (H) 11634 Quivas Way
 Denver, 80234
 CLEAR CREEK VALLEY MED. SOC.
 OPHTHALMOLOGY

Berg, Dal H A, DO

9981 N Washington St
 Thornton, 80229 451-8069
 (H) 11465 Quivas Way
 Westminster, 80234 469-7329
 CLEAR CREEK VALLEY MED. SOC.
 FAMILY PRACTICE

Bohlender, Timothy D, MD

1201 E 17th Ave, #200
 Denver, 80218
 (H) 9801 Garrison Way
 Westminster, 80020
 DENVER MED. SOC.
 FAMILY PRACTICE

Burcar, Patricia J, MD

5130 W 80th Ave, #201
 Westminster, 80030 428-6213
 CLEAR CREEK VALLEY MED. SOC.
 NEUROLOGY

Carter, Clinton K, MD

7280 N Irving, #302
 Westminster, 80030 429-1508
 (H) 14722 Garfield St
 Brighton, 80601
 CLEAR CREEK VALLEY MED. SOC.
 EMERGENCY MEDICINE
 FAMILY PRACTICE

Chan, Anthony W, MD

8400 Alcott St, #104
 Westminster, 80030 428-6808
 AURORA-ADAMS COUNTY MED. SOC.
 FAMILY PRACTICE

Ferrell, John T, MD

4200 W Conejos Pl, #214
 Denver, 80204
 (H) 4182 W 97th Ct
 Westminster, 80030
 CLEAR CREEK VALLEY MED. SOC.
 CARDIOLOGY

Ford, John J III, MD

5005 W 81st Pl, #400
 Westminster, 80030 427-7767
 (H) 10227 Osceola Ct
 Westminster, 80030
 CLEAR CREEK VALLEY MED. SOC.
 FAMILY PRACTICE

Gorelik, Julia, MD

11550 N Sheridan Blvd
 Broomfield, 80020 465-2373
 (H) 3295 W 102nd Pl
 Westminster, 80030
 CLEAR CREEK VALLEY MED. SOC.
 FAMILY PRACTICE

Halley, Norman B, MD

7401 N Lowell
 Westminster, 80030
 CLEAR CREEK VALLEY MED. SOC.
 GENERAL PRACTICE

Hammond, R Scott, MD

7401 Lowell Blvd
 Westminster, 80030 428-7449
 (H) 32576 Woodside Dr
 Evergreen, 80439
 DIRECT CMS MEMBER
 FAMILY PRACTICE

Herlevich, John C Jr, MD

3633 W 90th Ave
 Westminster, 80030
 CLEAR CREEK VALLEY MED. SOC.

Hogan, James L, MD

2551 W 84th Ave
 St Anthony No Hosp
 Westminster, 80030 426-2020
 (H) 459 Golden Ln
 Longmont, 80501
 CLEAR CREEK VALLEY MED. SOC.
 EMERGENCY MEDICINE

Kragor, Hugh F, DO

7325 Lowell Blvd
 Westminster, 80030 428-7571
 CLEAR CREEK VALLEY MED. SOC.
 GENERAL PRACTICE

Langley, James W, MD

(H) 10084 Zenobia Ct
 Westminster, 80030 469-6371
 CLEAR CREEK VALLEY MED. SOC.
 GENERAL PRACTICE
 FAMILY PRACTICE

Martin, Andrew J, DO

7325 Lowell Blvd
 Westminster, 80030 428-7571
 (H) 39 Douglas Dr S
 Broomfield, 80020 466-0458
 CLEAR CREEK VALLEY MED. SOC.
 GENERAL PRACTICE
 FAMILY PRACTICE

Menconi, Lawrence R, MD

8400 N Alcott, #103
 Westminster, 80030 427-3888
 (H) 11445 Quivas Way
 Denver, 80234
 CLEAR CREEK VALLEY MED. SOC.
 OB & GYNECOLOGY

Mendoza, Carlos A, MD

8400 Alcott, #106
 Westminster, 80030 427-1503
 CLEAR CREEK VALLEY MED. SOC.
 CARDIOVASCULAR DISEASES

Pacheco, Jose P, MD

8400 Alcott, #106
 Westminster, 80030 427-1503
 CLEAR CREEK VALLEY MED. SOC.
 CARDIOVASCULAR DISEASES

Patel, Dayalji D, MD

9141 Grant St, #120
 Thornton, 80229
 (H) 4750 W 103rd Ct
 Westminster, 80030
 CLEAR CREEK VALLEY MED. SOC.
 PEDIATRICS

Platt, Kenneth A, MD

7401 N Lowell Blvd
 Westminster, 80030 428-7449
 (H) 11435 Quivas Way
 Denver, 80234 469-7600
 CLEAR CREEK VALLEY MED. SOC.
 GENERAL PRACTICE

Richardson, Scott K, MD

St Anthony Hosp
 2551 W 84th Ave
 Westminster, 80030
 (H) 630 Quartz Way
 Broomfield, 80020
 DIRECT CMS MEMBER
 EMERGENCY MEDICINE

Schuler, Willard D, MD

9141 Grant, #240
 Thornton, 80229 450-2476
 (H) 4830 W 102nd Pl
 Westminster, 80030
 CLEAR CREEK VALLEY MED. SOC.
 ORTHOPEDIC SURGERY

Self, William G Jr, MD

Eye Surg Ctr of Colo, PC
 8403 Bryant St
 Westminster, 80030 426-4810
 (H) 245 Ivanhoe St
 Denver, 80220
 CLEAR CREEK VALLEY MED. SOC.
 OPHTHALMOLOGY

Silverberg, Stuart O, MD

8407 Bryant St
 Westminster, 80030 429-2244
 (H) 24036 Currant Dr
 Golden, 80401 526-0354
 CLEAR CREEK VALLEY MED. SOC.
 GYNECOLOGY

Stabel, David E, MD

9141 Grant, #240
 Thornton, 80229 450-2476
 (H) 9705 Raleigh
 Westminster, 80030
 CLEAR CREEK VALLEY MED. SOC.
 ORTHOPEDIC SURGERY

Strauss, Stanley G, MD

8400 Alcott St, #105
 Westminster, 80030 426-0215
 CLEAR CREEK VALLEY MED. SOC.
 NEUROLOGY

WESTMINSTER - WHEAT RIDGE

Svinarich, J Thomas, MD
4200 W Conejos Pl, #214
Denver, 80204 572-1444
(H) 10293 N Meade Ct
Westminster, 80030
CLEAR CREEK VALLEY MED. SOC.
CARDIOVASCULAR DISEASES

Sweeney, Richard, MD
7720 S Broadway, #310
Littleton, 80123
(H) 1765 W 115th Cir
Westminster, 80234
ARAPAHOE MED. SOC.
OB & GYNCOLOGY

Tramutt, H Michael, MD
7919 Zenobia St
Westminster, 80030 430-8367
(H) 11757 W 54th Pl
Arvada, 80002 420-6041
DENVER MED. SOC.
ORTHOPEDIC SURGERY

Vostinak, William J, MD
7919 Zenobia St
Westminster, 80030 426-4344
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Wright, Robert C, MD
1551 Milky Way
Denver, 80221 426-4525
(H) 8135 La Place Ct
Westminster, 80030
CLEAR CREEK VALLEY MED. SOC.
DERMATOLOGY

WHEAT RIDGE, CO

Adler, Kenneth G, MD
7859 W 38th Ave
Wheat Ridge, 80033
(H) 2550 Van Gordon St
Lakewood, 80215 279-0855
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Anthony, Ward R, MD
6025 W 38th Ave
Wheat Ridge, 80033 422-2373
(H) 3850 Estes
Wheat Ridge, 80033
DIRECT CMS MEMBER
FAMILY PRACTICE

Augspurger, Richard R, MD
8350 W 38th Ave, #402
Wheat Ridge, 80033 421-4410
(H) 12675 Willow Ln
Lakewood, 80215 238-1447
CLEAR CREEK VALLEY MED. SOC.
UROLOGICAL SURGERY

Bahlman, Steven H, MD
8300 W 38th Ave
Wheat Ridge, 80033 425-2412
(H) 13790 W 30th Pl
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
ANESTHESIOLOGY

Barcz, Dennis V, MD
8350 W 38th Ave, #107
Wheat Ridge, 80033 425-6306
CLEAR CREEK VALLEY MED. SOC.
OTORHINOLARYNGOLOGY

Betzer, Laura K, MD
7827 W 38th Ave
Wheat Ridge, 80033 425-0722
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE

Brenman, Steven A, DO
6990 W 38th Ave, #200
Wheat Ridge, 80033
CLEAR CREEK VALLEY MED. SOC.
DERMATOLOGY

Bryans, William A, MD
8350 W 38th Ave, #401
Wheat Ridge, 80033 420-2100
(H) 460 S Marion Pkwy #1956-B
Denver, 80209
DENVER MED. SOC.
NEUROLOGICAL SURGERY

Campbell, Thomas P, MD
8350 W 38th Ave, #206
Wheat Ridge, 80033
(H) 2751 E Linvale Pl
Denver, 80210 692-0657
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

Carlin, Allan W, MD
8350 W 38th Ave, #406
Wheat Ridge, 80033 424-8120
(H) 11421 W 39th Pl
Wheat Ridge, 80033 423-5431
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE

Carpenter, David E, MD
4485 Wadsworth Blvd, #206
Wheat Ridge, 80033 421-1263
(H) 14301 W 72nd Ave
Arvada, 80005 423-1844
DIRECT CMS MEMBER
GYNECOLOGY

Cerrone, Donald A, MD
4045 Wadsworth Blvd, #100
Wheat Ridge, 80033 421-3331
(H) 2625 Upham St
Wheat Ridge, 80215
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Chaffee, Charles B, MD
8300 W 38th Ave
Wheat Ridge, 80033
(H) 1695 S Syracuse
Denver, 80231 671-0015
CLEAR CREEK VALLEY MED. SOC.
EMERGENCY MEDICINE
GENERAL SURGERY

Chandler, Earl L, MD
4485 Wadsworth Blvd
Wheat Ridge, 80033 421-1263
DIRECT CMS MEMBER
OB & GYNCOLOGY

Clifford, Dennis P, MD
8300 W 38th Ave
Wheat Ridge, 80033 425-2123
(H) 23538 Pondview Pl
Golden, 80401
DENVER MED. SOC.
PULMONARY DISEASES

Coffman, Delmar L, MD (Ret)
(H) 9473 W 37th Pl
Wheat Ridge, 80033
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE
PULMONARY DISEASES

Coonan, John E, MD
8550 W 38th Ave, #300
Wheat Ridge, 80033 425-2800
(H) 1953 Columbine Ct
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
GASTROENTEROLOGY

Cotton, Ralph L, MD
8370 W 38th Ave, #201
Wheat Ridge, 80033 422-1388
(H) 130 Vine St
Denver, 80206 377-6111
DENVER MED. SOC.
ORTHOPEDIC SURGERY

Coulter, Robert L Jr, MD
6656 W 38th Ave
Wheat Ridge, 80033 424-5513
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
GENERAL SURGERY

Cox, William F Jr, MD
8300 W 38th Ave
Pathology Dept
Wheat Ridge, 80033 425-2083
(H) 938 Coneflower Dr
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
PATHOLOGY
ANATOMIC PATHOLOGY
CLINICAL PATHOLOGY

Cutrell, Louis M Jr, MD
8300 W 38th Ave
Wheat Ridge, 80033 425-4500
(H) 12017 W 54th Dr
Arvada, 80002
CLEAR CREEK VALLEY MED. SOC.
ANESTHESIOLOGY

Dahl, Carl R, MD
8550 W 38th Ave, #300
Wheat Ridge, 80033 425-2800
(H) 23357 Fescue Dr
Golden, 80401 526-1739
CLEAR CREEK VALLEY MED. SOC.
GASTROENTEROLOGY

Davis, Charles A, MD
7760 W 38th Ave, #210
Wheat Ridge, 80033 422-3727
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE

WHEAT RIDGE

Dean, Carlton M, MD
8350 W 38th Ave, #402
Wheat Ridge, 80033 421-4410
(H) 188 Chokecherry Rd
Golden, 80401 526-0053
CLEAR CREEK VALLEY MED. SOC.
UROLOGICAL SURGERY

DeFalco, Alfred J, MD
8350 W 38th Ave, #300
Wheat Ridge, 80033 421-1203
CLEAR CREEK VALLEY MED. SOC.
UROLOGICAL SURGERY

Demarco, Frank J Jr, MD
8550 W 38th Ave, #202
Wheat Ridge, 80033 425-2777
CLEAR CREEK VALLEY MED. SOC.
PULMONARY DISEASES
CRITICAL CARE MEDICINE

DeSimone, Donna M, DO
6990 W 38th Ave
Wheat Ridge, 80033
CLEAR CREEK VALLEY MED. SOC.
PSYCHIATRY

Dilorenzo, Pasquale A, MD
6990 W 38th Ave, Box 586
Wheat Ridge, 80034 424-1569
(H) 8026 Parfet Way
Arvada, 80005 421-4282
CLEAR CREEK VALLEY MED. SOC.
DERMATOLOGY

Domaleski, Robert P, MD
7805 W 38th Ave
Wheat Ridge, 80033 422-2122
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE

Donaldson, David H, MD
1805 Kipling St
Lakewood, 80215 233-1223
(H) 3233 Jellison
Wheat Ridge, 80033
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Dorr, Lugene A, MD
4375 Wadsworth Blvd
Wheat Ridge, 80033 825-4111
(H) 5830 Bellflower Dr
Littleton, 80123
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY
SPORTS MEDICINE
TRAUMATIC SURGERY
PHYSICAL MEDICINE & REHAB

Douglas, Kenneth R, MD
6175 W 38th Ave
Wheat Ridge, 80033 424-4022
(H) 7005 W 52nd Ave
Arvada, 80002
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY

Dragoo, Robert A, MD
7823 W 38th Ave
Wheat Ridge, 80033 420-4424
(H) 6359 S Netherland Cr
Aurora, 80016
DENVER MED. SOC.
OPHTHALMOLOGY

Evenson, E Harold, MD
8350 W 38th Ave, #201
Wheat Ridge, 80033 421-3452
(H) 15284 W Bayaud Ct
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Fleischaker, Gordon H Jr, MD
4485 Wadsworth Blvd
Wheat Ridge, 80033 421-0194
(H) 9195 W 10th Ave
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS

Fry, Thomas G, MD
8550 W 38th Ave, #106
Wheat Ridge, 80033 425-2750
(H) 105 S Lupine St
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
HAND SURGERY

Gerber, Michael J, MD
8300 W 38th Ave
Wheat Ridge, 80033 671-9370
(H) 1556 S Syracuse St
Denver, 80231
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
PULMONARY DISEASES

Gill, John R, MD
8350 W 38th Ave, #405
Wheat Ridge, 80033 420-1011
(H) 8557 W 8th Ave
Lakewood, 80215 237-9177
CLEAR CREEK VALLEY MED. SOC.
PLASTIC SURGERY

Goddard, William B, MD
2020 Wadsworth, #16
Lakewood, 80215 237-5481
(H) 11050 W 41st Pl
Wheat Ridge, 80033 421-2701
CLEAR CREEK VALLEY MED. SOC.
GYNECOLOGY

Hahn, Gary W, MD
8550 W 38th Ave, #108
Wheat Ridge, 80033 467-8700
CLEAR CREEK VALLEY MED. SOC.
CARDIOLOGY

Harris, Lowell N, MD
8350 W 38th Ave, #207
Wheat Ridge, 80033 421-7632
(H) 3092 Nelson Dr
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY

Higgins, Andrew G, MD
910 15th St, #900
Denver, 80202 825-1128
(H) PO Box 1964
Wheat Ridge, 80034
CLEAR CREEK VALLEY MED. SOC.
ANESTHESIOLOGY
INTERNAL MEDICINE

Hill, McArthur O, MD
8550 W 38th Ave, #208
Wheat Ridge, 80033 425-8550
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY

Hilty, Daniel E, MD
8350 W 38th Ave, #406
Wheat Ridge, 80033 420-3131
(H) 14357 W 58th Pl
Arvada, 80004
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE

Hilty, Lydia B, MD
8350 W 38th Ave, #406
Wheat Ridge, 80033 420-3131
CLEAR CREEK VALLEY MED. SOC.
ALLERGY & IMMUNOLOGY

Hirose, Hideo, MD
8370 W 38th Ave, #201
Wheat Ridge, 80033 422-1388
(H) 14495 Foot Hill Rd
Golden, 80401
DENVER MED. SOC.
ORTHOPEDIC SURGERY

Hix, Ivan E Jr, MD
7837 W 38th Ave
Wheat Ridge, 80033 237-8806
(H) 594 Chickadee Rd
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

Holley, Paul S, MD
8350 W 38th Ave, #300
Wheat Ridge, 80033 421-1203
CLEAR CREEK VALLEY MED. SOC.
UROLOGICAL SURGERY

Hutto, John M, MD
7835 W 38th Ave
Wheat Ridge, 80033 425-0479
(H) 2550 Pierson St
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY

Jekot, Chester B, MD (Ret)
3236 Jellison St
Wheat Ridge, 80033
(H) 3236 Jellison St
Wheat Ridge, 80033 232-6346
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE

Jones, Arthur F, MD
8550 W 38th Ave, #308
Wheat Ridge, 80033 425-2808
(H) 3052 Nelson Dr
Lakewood, 80215 232-6815
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY
CARDIOVASCULAR SURGERY
TUMOR SURGERY

Karel, James L, MD
1955 Pennsylvania St
Denver, 80203 839-5091
(H) 3515 Miller St
Wheat Ridge, 80033 421-6317
DENVER MED. SOC.
INTERNAL MEDICINE

PRYOR, CARNEY AND JOHNSON
ATTORNEYS AND COUNSELORS AT LAW
Please see our ad in the front section 771-6200

Kassan, Stuart S, MD

7760 W 38th Ave, #290
Wheat Ridge, 80033 424-2913
(H) 8101 E Dartmouth
Denver, 80231
CLEAR CREEK VALLEY MED. SOC.
RHEUMATOLOGY
INTERNAL MEDICINE

Katchian, Azad, MD (Ret)

(H) 9880 W 34th Dr
Wheat Ridge, 80033
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
COLON & RECTAL SURGERY

Krauth, Lee E, MD

8370 W 38th Ave, #102-C
Wheat Ridge, 80033 431-6678
(H) 2493 Thunderbird Ln
Evergreen, 80439
CLEAR CREEK VALLEY MED. SOC.
NEUROLOGICAL SURGERY

Krebs, Richard A, MD

4350 Wadsworth Blvd, #301
Wheat Ridge, 80033 422-2343
(H) 4073 Field Dr
Wheat Ridge, 80033 424-1042
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
NEPHROLOGY

Larremore, Theodore W, MD

2525 S Downing
Denver, 80210 778-5666
(H) 3241 Tabor Ct
Wheat Ridge, 80033 237-8116
ARAPAHOE MED. SOC.
EMERGENCY MEDICINE

Law, Dennis K, MD

4045 Wadsworth Blvd, #208
Wheat Ridge, 80033 467-1243
(H) 3440 E Williamette Ln
Littleton, 80121
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY

Leavitt, Timothy W, MD

8550 W 38th Ave, #108
Wheat Ridge, 80033 467-8700
(H) 11810 W 76th Dr
Arvada, 80005
CLEAR CREEK VALLEY MED. SOC.
CARDIOVASCULAR DISEASES

Lesage, Charles H Jr, MD

8550 W 38th Ave, #108
Wheat Ridge, 80033 467-8700
CLEAR CREEK VALLEY MED. SOC.
CARDIOLOGY

Lindauer-Gosik, Judith A, MD

14062 Denver W Pkwy
Golden, 80401 279-7525
(H) 4635 Quail St
Wheat Ridge, 80033 423-2541
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE

Lokey, Hamilton Jr, MD

8550 W 38th Ave, #308
Wheat Ridge, 80033 425-2808
(H) 4069 Field Dr
Wheat Ridge, 80033 423-3383
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY

Lowe, Thomas G, MD

8370 W 38th Ave, #201
Wheat Ridge, 80033 422-1388
(H) 3072 Nelson Dr
Lakewood, 80215 233-6837
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Lucy, Daniel R, MD

6025 W 38th Ave
Wheat Ridge, 80033 422-2373
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Luekens, Claude A Jr, MD

8550 W 38th Ave, #106
Wheat Ridge, 80033 425-2750
(H) PO Box 2444
Dillon, 80435
CLEAR CREEK VALLEY MED. SOC.
HAND SURGERY

McCreedy, Gordon J, MD

8370 W 38th Ave, #201
Wheat Ridge, 80033 422-1388
(H) 1061 Field St
Lakewood, 80215
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

McCreedy, Philip A, MD

PO Box 973
Wheat Ridge, 80034 425-5223
CLEAR CREEK VALLEY MED. SOC.
OB & GYNCOLOGY
INFERTILITY

McGee, Hugh J Jr, MD

8300 W 38th Ave
Pathology Dept
Wheat Ridge, 80033 425-2083
(H) 2314 Foothills Dr S
Golden, 80401 526-9054
CLEAR CREEK VALLEY MED. SOC.
PATHOLOGY

Messenbaugh, Robert L, MD

8370 W 38th Ave, #201
Wheat Ridge, 80033 422-1388
(H) 30 Polo Club Cir
Denver, 80209
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Meyer, Ronald C, MD

8550 W 38th Ave, #200
Wheat Ridge, 80033 467-8900
(H) 11051 W 29th Ave
Lakewood, 80215 233-5358
DIRECT CMS MEMBER
PEDIATRICS
ADOLESCENT MEDICINE

Miklin, Jerry S, MD

8550 W 38th Ave, #108
Wheat Ridge, 80033 467-8700
CLEAR CREEK VALLEY MED. SOC.
CARDIOLOGY

Miller, David C, MD

2550 Youngfield St
Lakewood, 80215 233-8295
(H) 3455 Quail St
Wheat Ridge, 80033 231-9600
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Miller, Paul D, MD

1750 Pierce
Lakewood, 80214 232-3366
(H) 3230 Zephyr Ct
Wheat Ridge, 80033
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
NEPHROLOGY

Miller, Terry D, MD

8300 W 38th Ave
Pulmonary Division
Wheat Ridge, 80033 425-2123
(H) 7929 W 70th Dr
Arvada, 80004
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
CRITICAL CARE MEDICINE

Moncy, Ellen L, MD

8370 W 38th Ave, #G-25
Wheat Ridge, 80033 422-8084
(H) 34100 Woodland Dr
Evergreen, 80439 674-9702
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY

Mozia, Nelson I, MD

8550 W 38th Ave, #205
Wheat Ridge, 80033 467-8957
(H) 15161 W Archer Dr
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY
COLON & RECTAL SURGERY

Mubarak, Asa'ad A, MD

8350 W 38th Ave, #102
Wheat Ridge, 80033 423-3100
(H) 18 Sedgwick Dr
Englewood, 80110
DENVER MED. SOC.
GENERAL SURGERY
THORACIC SURGERY

Neal, Billy J, MD

1750 Pierce
Lakewood, 80214 232-3366
(H) 3395 Nelson
Wheat Ridge, 80033 233-7697
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
NEPHROLOGY

Neeley, George R, MD

8550 W 38th Ave, #308
Wheat Ridge, 80033 425-2808
(H) Rt 7 Box 569
Evergreen, 80439
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY

WHEAT RIDGE

Newman, Alice Amacher, MD			Orsborn, George E Jr, MD			Sassano, Eugene, MD		
(H)	4760 Holland St			3919 W 38th Ave			4325 Harlan St	
	Wheat Ridge, 80033			Denver, 80212	455-9361		Wheat Ridge, 80033	424-7771
	DIRECT CMS MEMBER		(H)	4361 Dover St		(H)	14230 Berry Cir	
		PATHOLOGY		Wheat Ridge, 80033			Golden, 80401	
				DENVER MED. SOC.			CLEAR CREEK VALLEY MED. SOC.	
					ALLERGY		GENERAL PRACTICE	
					GENERAL PRACTICE			
Nibbe, Albert F, MD			Parks, Barber J, MD			Scanavino, David J, MD		
	8350 W 38th Ave, #308			8550 W 38th Ave			8350 W 38th Ave, #300	
	Wheat Ridge, 80033	420-1550		Wheat Ridge, 80033	425-2750		Wheat Ridge, 80033	421-1203
(H)	2570 Parlet St			CLEAR CREEK VALLEY MED. SOC.		(H)	30552 Suncreek Dr	
	Lakewood, 80215				HAND SURGERY		Evergreen, 80439	
	CLEAR CREEK VALLEY MED. SOC.						CLEAR CREEK VALLEY MED. SOC.	
	ENDOCRINOLOGY & METABOLISM						UROLOGICAL SURGERY	
	INTERNAL MEDICINE							
Ning, Theodore C Jr, MD			Payea, Norman P II, MD			Schafer, Larry A, MD		
	8350 W 38th Ave, #300			Lakewood Med Ctr #316			4485 Wadsworth Blvd, #105	
	Wheat Ridge, 80033	421-1203		8805 W 14th Ave	232-0310		Wheat Ridge, 80033	425-4812
	CLEAR CREEK VALLEY MED. SOC.		(H)	Lakewood, 80215		(H)	14051 W 59th Ave	
	UROLOGICAL SURGERY			3470 N Ward Rd	233-2025		Arvada, 80004	
				Wheat Ridge, 80033			CLEAR CREEK VALLEY MED. SOC.	
				CLEAR CREEK VALLEY MED. SOC.			ONCOLOGY	
					PLASTIC SURGERY		INFECTIOUS DISEASES	
					HAND SURGERY			
Odom, John A Jr, MD			Pfenninger, Mark Wm, MD			Schultz, Norman J, MD		
	1805 Kipling St			8550 W 38th Ave, #3B			8350 W 38th Ave, #305	
	Lakewood, 80215	233-1223		Wheat Ridge, 80033	425-2880		Wheat Ridge, 80033	467-0808
(H)	11490 W 38th Ave		(H)	700 Meadow Rd			DIRECT CMS MEMBER	
	Wheat Ridge, 80033			Evergreen, 80439	674-1369		GENERAL SURGERY	
	CLEAR CREEK VALLEY MED. SOC.			CLEAR CREEK VALLEY MED. SOC.				
	ORTHOPEDIC SURGERY				OB & GYNECOLOGY			
Ogsbury, James S, MD			Radetsky, Paul, MD			Smith, John P, MD		
	8370 W 38th Ave, #102C			6658 W 38th Ave			7867 W 38th Ave	
	Wheat Ridge, 80033	431-6678		Wheat Ridge, 80033	467-0300		Wheat Ridge, 80033	421-5393
(H)	9 Windover Rd			CLEAR CREEK VALLEY MED. SOC.		(H)	2141 Elderberry Rd	
	Littleton, 80121				INTERNAL MEDICINE		Golden, 80401	
	DENVER MED. SOC.						CLEAR CREEK VALLEY MED. SOC.	
	NEUROLOGICAL SURGERY						ORTHOPEDIC SURGERY	
Olshock, Richard, MD			Reich, Harvey M, MD			Stiff, Kaye L, MD		
	Luthern Med Ctr			4485 Wadsworth Blvd, #208			7827 W 38th Ave	
	8300 W 38th Ave			Wheat Ridge, 80033	422-3411		Wheat Ridge, 80033	425-0722
	Wheat Ridge, 80033	425-2080		CLEAR CREEK VALLEY MED. SOC.			CLEAR CREEK VALLEY MED. SOC.	
	CLEAR CREEK VALLEY MED. SOC.				PEDIATRICS		INTERNAL MEDICINE	
	PATHOLOGY							
	CLINICAL PATHOLOGY							
	ANATOMIC PATHOLOGY							
Olson, Dennis H, MD			Repsher, Lawrence H, MD			Straehley, Douglas J, MD		
	8370 W 38th Ave, #104			8300 W 38th Ave			7867 W 38th Ave	
	Wheat Ridge, 80033	422-9600		Wheat Ridge, 80033	425-2123		Wheat Ridge, 80033	
(H)	2418 Hearth Dr #10			DENVER MED. SOC.		(H)	5790 Xenon Ct	
	Evergreen, 80439	674-4953			PULMONARY DISEASES		Arvada, 80002	424-3152
	CLEAR CREEK VALLEY MED. SOC.				INTERNAL MEDICINE		CLEAR CREEK VALLEY MED. SOC.	
	VASCULAR SURGERY						ORTHOPEDIC SURGERY	
Olson, Robert H, MD			Richman, Lee K, MD			Straits, B Joan, MD		
	8370 W 38th Ave, #104			8550 W 38th Ave, #300			7855 W 38th Ave	
	Wheat Ridge, 80033	422-9600		Wheat Ridge, 80033	425-2800		Wheat Ridge, 80033	425-6800
(H)	2330 Juniper Ct		(H)	2193 Allison St			CLEAR CREEK VALLEY MED. SOC.	
	Golden, 80401			Lakewood, 80215	232-4623		GYNECOLOGY	
	CLEAR CREEK VALLEY MED. SOC.			CLEAR CREEK VALLEY MED. SOC.			INFERTILITY	
	GENERAL SURGERY				GASTROENTEROLOGY			
	THORACIC SURGERY				INTERNAL MEDICINE			
Oppenheim, Walter H, MD			Ritzman, Vernon D, MD			Sweeney, Thomas I, MD		
	4485 Wadsworth Blvd, #101			8550 W 38th Ave, #206			4350 Wadsworth Blvd, #350	
	Wheat Ridge, 80033	424-6248		Wheat Ridge, 80033	425-2828		Wheat Ridge, 80033	467-2800
	CLEAR CREEK VALLEY MED. SOC.			CLEAR CREEK VALLEY MED. SOC.		(H)	2536 Vivian St	
	DERMATOLOGY				FAMILY PRACTICE		Lakewood, 80215	
							CLEAR CREEK VALLEY MED. SOC.	
							OB & GYNECOLOGY	
			Robinson, Walter G Jr, MD			Thompson, James D, MD		
				8370 W 38th Ave, #201			8300 W 38th Ave, Emer Rm	
				Wheat Ridge, 80033	422-1388		Wheat Ridge, 80033	
				CLEAR CREEK VALLEY MED. SOC.		(H)	PO Box 1008	
					ORTHOPEDIC SURGERY		Silverthorne, 80498	468-2666
					SPORTS MEDICINE		CLEAR CREEK VALLEY MED. SOC.	
							EMERGENCY MEDICINE	

WINDSOR, CO

Thompson, Stephen D, MD 7760 W 38th Ave, #102 Wheat Ridge, 80033 (H) 11710 W 76th Dr Arvada, 80005 DENVER MED. SOC.	425-6515		
	PEDIATRICS		
Traylor, Frank A, MD 8300 W 38th Ave Clinical Affairs Wheat Ridge, 80033 (H) 4045 Field Dr Wheat Ridge, 80033 CLEAR CREEK VALLEY MED. SOC.	425-2009 424-1737		
	GENERAL SURGERY		
Tribelhorn, Donna E, MD 4803 Ward Rd Wheat Ridge, 80033 (H) 2359 S Sedalia Cir Aurora, 80013 DIRECT CMS MEMBER			
	INTERNAL MEDICINE		
Underwood, Larry D, MD 8370 W 38th Ave, #102-A Wheat Ridge, 80033 (H) 12031 W 54th Ave Arvada, 80002 CLEAR CREEK VALLEY MED. SOC.	424-3206 422-2126		
	OPHTHALMOLOGY		
Vandeest, Bennie W, MD 8350 W 38th Ave, #103 Wheat Ridge, 80033 WELD COUNTY MED. SOC.	421-7152		
Vellman, W Peter, MD 8300 W 38th Ave Dept of EM Wheat Ridge, 80033 (H) 12654 Buckhorn Rd Littleton, 80127 CLEAR CREEK VALLEY MED. SOC.			
	EMERGENCY MEDICINE		
Vigor, William Jr, MD 8350 W 38th Ave, #405 Wheat Ridge, 80033 (H) 2459 S Chase Ln Lakewood, 80227 CLEAR CREEK VALLEY MED. SOC.	420-1011 988-9027		
	PLASTIC SURGERY		
VonRueden, Kurt W, MD 8370 W 38th Ave, #201 Wheat Ridge, 80033 CLEAR CREEK VALLEY MED. SOC.			
	ORTHOPEDIC SURGERY		
Waller, John A, MD 7867 W 38th Ave Wheat Ridge, 80033 CLEAR CREEK VALLEY MED. SOC.	421-5393		
	ORTHOPEDIC SURGERY		
Warren, Herrick S, MD PO Box 434 Wheat Ridge, 80033 (H) 3121 Yates St Denver, 80212 DENVER MED. SOC.	761-6213 458-5811		
	GENERAL SURGERY		
Watson, Donald D, MD PO Box 116 Wheat Ridge, 80034 (H) 3081 Nelson Dr Lakewood, 80215 DIRECT CMS MEMBER			
	ANESTHESIOLOGY		
Wheeler, Leonard, MD 8350 W 38th Ave, #406 Wheat Ridge, 80033 (H) 16 S Holman Way #4F Golden, 80401 CLEAR CREEK VALLEY MED. SOC.	420-3131		
	INTERNAL MEDICINE		
Willis, Murray S, MD Lutheran Med Ctr 8300 W 38th Ave Wheat Ridge, 80033 CLEAR CREEK VALLEY MED. SOC.	425-4500		
	ANESTHESIOLOGY		
Wilson, Christopher S, MD 8550 W 38th Ave Wheat Ridge, 80033 (H) 2289 S Yosemite Cir Denver, 80231 CLEAR CREEK VALLEY MED. SOC.	425-2750		
	ORTHOPEDIC SURGERY HAND SURGERY		
Wolfson, Robert H, MD 8550 W 38th Ave, #205 Wheat Ridge, 80033 (H) 11125 W Pacific Ct Lakewood, 80227 CLEAR CREEK VALLEY MED. SOC.	425-2797 969-9017		
Woodward, John B, MD 8370 W 38th Ave, #102-D Wheat Ridge, 80033 CLEAR CREEK VALLEY MED. SOC.	425-6856		
	NEUROLOGY		
Worley, Bob S, MD 4045 Wadsworth Blvd Wheat Ridge, 80033 (H) 581 Grey Squirrel Way Franktown, 80116 CLEAR CREEK VALLEY MED. SOC.	341-5909		
	INTERNAL MEDICINE CRITICAL CARE MEDICINE		
Wotkyns, Roger S, MD 8350 W 38th Ave, #407 Wheat Ridge, 80033 (H) 7818 Crest Dr Lakewood, 80215 CLEAR CREEK VALLEY MED. SOC.	420-2010 233-7665		
	CARDIOVASCULAR SURGERY GENERAL SURGERY		
Yocum, Harold A, MD 8550 W 38th Ave Wheat Ridge, 80033 (H) 3140 Alkire St Golden, 80401 CLEAR CREEK VALLEY MED. SOC.	425-2750		
	ORTHOPEDIC SURGERY HAND SURGERY		
Amoroso, Christian R, MD Cao Eastman Kodak Co Windsor, 80550 (H) 1815 3rd Ave Longmont, 80501 BOULDER COUNTY MED. SOC.	686-7611		
	OCCUPATIONAL MEDICINE		
Berns, Barry R, MD Kodak Colorado Div Bldg C-11 Windsor, 80551 (H) 1008 Parkview Dr Fort Collins, 80525 LARIMER COUNTY MED. SOC.	686-0350 221-0665		
	OCCUPATIONAL MEDICINE FAMILY PRACTICE ALCOHOL & DRUG ABUSE		
Bradley, Robert C, MD 601 Main Windsor, 80550 (H) 709 Elm St Windsor, 80550 WELD COUNTY MED. SOC.	686-7481		
	FAMILY PRACTICE		
Carey, Michael V, MD 427 Main Windsor, 80550 (H) 905 Woodbine Windsor, 80550 WELD COUNTY MED. SOC.	686-7414		
	FAMILY PRACTICE		
Detwiler, Floy E, MD 3705 W 12th St Greeley, 80634 (H) 701 Elm Windsor, 80550 WELD COUNTY MED. SOC.			
	FAMILY PRACTICE		
Kadlub, Edwin D, MD 427 Main Windsor, 80550 (H) 625 Oak St Windsor, 80550 WELD COUNTY MED. SOC.	686-7414 686-2937		
	FAMILY PRACTICE		
Mercer, Jeannette Y, MD 1190 W Ash St Windsor, 80550 (H) 800 Elm St Windsor, 80550 LARIMER COUNTY MED. SOC.			
	FAMILY PRACTICE		
Sabin, Clarence W, MD 620 Main St, #7 Windsor, 80550 WELD COUNTY MED. SOC.			

WINTER PARK - LOMA LINDA, CA**WINTER PARK, CO**

Arnold, Andrew L, MD
 7 Mile Clinic
 Box 1285 King's Crossing
 Winter Park, 80482 726-8066
 (H) Box 626 726-5281
 Tabernash, 80478
 NORTHWESTERN COLORADO MED. SOC.
 FAMILY PRACTICE
 EMERGENCY MEDICINE
 SPORTS MEDICINE

WOODLAND PARK, CO

Diffie, Joe T, MD
 Penrose Hospital
 Colorado Springs, 80907 (719)630-5135
 (H) Aspen Acres
 Woodland Park, 80863
 EL PASO COUNTY MED. SOC.
 DIAGNOSTIC RADIOLOGY

DiNapoli, Jim, MD
 33 Barnes Ave
 Colorado Springs, 80909
 (H) PO Box 5770
 Woodland Park, 80866
 NORTHWESTERN COLORADO MED. SOC.
 EMERGENCY MEDICINE

Groeger, Raymond J, MD
 490 Rampart Range Rd
 PO Drawer O
 Woodland Park, 80866 (719)687-9565
 (H) 1210 W Lorraine
 Woodland Park, 80863
 EL PASO COUNTY MED. SOC.
 ALLERGY
 GENERAL PRACTICE

WRAY, CO

Berry, Jack L, MD
 517 Adams St
 Wray, 80758 356-2520
 (H) 346 Cedar
 Wray, 80758
 WASHINGTON-YUMA COUNTY MED. SOC.
 FAMILY PRACTICE

Buchanan, Robert D, MD
 517 Adams St
 Wray Clinic
 Wray, 80758 332-4895
 (H) 437 Emerson St
 Wray, 80758
 WASHINGTON-YUMA COUNTY MED. SOC.
 GENERAL PRACTICE

YUMA, CO

Pearse, Jack H, MD
 110 W 10th Ave
 Yuma, 80759 848-3896
 (H) Box 423
 Yuma, 80759 848-2010
 WASHINGTON-YUMA COUNTY MED. SOC.
 FAMILY PRACTICE

GREEN VALLEY, AZ

Johnston, J Harvey, MD (Ret)
 (H) 1380 Desert Meadows Cir
 NBU 3414
 Green Valley, 85614
 EL PASO COUNTY MED. SOC.
 ALLERGY

LITCHFIELD PK, AZ

Hammer, Raymond W, MD (Ret)
 (H) PO Box 1581
 Litchfield Pk, 85340
 DENVER MED. SOC.
 RADIOLOGY

MESA, AZ

Gordon, Leon L, MD (Ret)
 (H) 1360 E Brown Rd #28
 Mesa, 85203
 BOULDER COUNTY MED. SOC.
 GENERAL PRACTICE

Kerr, Richard K, MD (Ret)
 (H) 1557 Leisure World
 Mesa, 85206
 EL PASO COUNTY MED. SOC.
 OB & GYNCOLOGY

Kidder, Lewis A, MD (Ret)
 (H) 2561 W Obispo Cir
 Mesa, 85202 (602)345-8873
 WELD COUNTY MED. SOC.
 PATHOLOGY

Kubitschek, Wm R, MD (Ret)
 (H) 1380 Leisure World
 Mesa, 85206 (602)985-3408
 CLEAR CREEK VALLEY MED. SOC.
 OPHTHALMOLOGY

PHOENIX, AZ

Wilson, Ben J, MD (Ret)
 (H) 12129 S Tomi Dr
 Phoenix, 85044 (602)893-9035
 MESA COUNTY MED. SOC.
 GENERAL SURGERY

SCOTTSDALE, AZ

Cohen, Edmond F, MD (Ret)
 (H) 7910 E Camelback Rd #212
 Scottsdale, 85251
 DENVER MED. SOC.
 COLON & RECTAL SURGERY

Sherman, Joseph H, MD
 (H) 6254 E Pinchot Ave
 Scottsdale, 85251 (602)947-0865
 DENVER MED. SOC.
 UROLOGICAL SURGERY

SEDONA, AZ

Palmer, Harold D, MD (Ret)
 (H) 405 Jacks Canyon Rd #220
 Sedona, 86336
 DENVER MED. SOC.
 PATHOLOGY

SUN CITY, AZ

Helm, Albert J, MD
 (H) 10839 Fairway Ct E
 Sun City, 85351 (602)974-5132
 WELD COUNTY MED. SOC.
 ANESTHESIOLOGY

Jones, S Tisdal, MD (Ret)
 10706 Roundelay Cir
 Sun City, 85351
 SAN LUIS VALLEY MED. SOC.
 GENERAL PRACTICE
 EMERGENCY MEDICINE

Martin, Christopher H, MD
 13431 Prospect Dr W
 Sun City, 85375
 BOULDER COUNTY MED. SOC.
 GENERAL PRACTICE

Morrell, Robert M, MD (Ret)
 (H) 10522 Tropicana Cir
 Sun City, 85351
 LARIMER COUNTY MED. SOC.
 GENERAL PRACTICE

TUCSON, AZ

Castle, Everett R, MD
 375 E Park Ave
 Durango, CO, 81301
 (H) 2480 Calle De Maurer
 Tucson, 85749
 LA PLATA COUNTY MED. SOC.
 EMERGENCY MEDICINE

Lipscomb, William R, MD (Ret)
 (H) 7001 Calle Morera
 Tucson, 85715 602-886-7771
 DENVER MED. SOC.
 NEUROLOGICAL SURGERY

CARMICHAEL, CA

Johnson, Marvin E, MD (Ret)
 (H) 5988 Adana Cir
 Carmichael, 95608 (916)482-6276
 DENVER MED. SOC.
 GENERAL SURGERY
 MEDICAL EDUCATION

LAGUNA HILLS, CA

Kane, Francis C, MD (Ret)
 2388 Via Mariposa W, #2G
 Laguna Hills, 92653
 DENVER MED. SOC.
 INTERNAL MEDICINE

LOMA LINDA, CA

Dart, Merrill O, MD (Ret)
 (H) 11561 Richardson St
 Loma Linda, 92354
 ARAPAHOE MED. SOC.
 OTORHINOLARYNGOLOGY

MODESTO, CA

Nethery, Raymond A, MD (Ret)
1120 Minnequa Ave
Pueblo, CO, 81004 (719)564-0660
(H) 933 Sylvan Meadows Dr
Modesto, 95356
PUEBLO COUNTY MED. SOC.
GYNECOLOGY

OCEANSIDE, CA

Serfling, Clarence H, MD (Ret)
(H) 3747 Vista Campana S #73
Oceanside, 92056
PUEBLO COUNTY MED. SOC.
ANESTHESIOLOGY

OROVILLE, CA

Freistadt, Hans, MD
2721 Olive Hwy #5
Oroville, 95965 (916)533-0773
(H) 2711 Oro Dam Blvd
Oroville, 95966
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY

PALM SPRINGS, CA

Young, Robert S Sr, MD (Ret)
(H) 1256 E Andreas Rd
Palm Springs, 92262
PUEBLO COUNTY MED. SOC.
ADMINISTRATIVE MEDICINE
INDUSTRIAL MEDICINE
ORTHOPEDIC SURGERY

PASADENA, CA

Slagle, DeRoy W H, MD
177 E Colorado Blvd, #200
Pasadena, 91105 (213)578-2107
(H) 2432 E Mountain St
Pasadena, 91104 (818)794-7979
DENVER MED. SOC.
OCCUPATIONAL MEDICINE

RANCHO MIRAGE, CA

duRoy, Robert M, MD
32 Mt Holyoke Dr
Rancho Mirage, 92270
(H) 32 Mt Holyoke Dr
Rancho Mirage, 92270 (714)851-0159
DENVER MED. SOC.
OCCUPATIONAL MEDICINE
TOXICOLOGY
MEDICAL EDUCATION
ADMINISTRATIVE MEDICINE

Gilman, Harold E, MD (Ret)
(H) 903 Inverness Dr
Rancho Mirage, 92270
DENVER MED. SOC.
FAMILY PRACTICE
INDUSTRIAL MEDICINE

SAN DIEGO, CA

Friedland, Joseph D, MD (Ret)
(H) 12627 Camino Vuelo
Rancho Berna
San Diego, 92128
DENVER MED. SOC.
INTERNAL MEDICINE

Kaplan, Morris, MD (Ret)
12540 Plaza Guata
San Diego, 92128 (619)487-8080
(H) 12540 Plaza Guata
San Diego, 92128
DENVER MED. SOC.
OPHTHALMOLOGY

SUN CITY, CA

Clark, D J, MD (Ret)
(H) 26649 Potomac
Sun City, 92381
NORTHEAST COLORADO MED. SOC.
FAMILY PRACTICE

YUCAIPA, CA

Moon, Arlie L, MD (Ret)
(H) 35577 Panorama
Yucaipa, 92399
DENVER MED. SOC.

PUTNAM, CT

Johnson, Warren T, MD
(H) 255 Pomfret St
Putnam, 06260
DIRECT CMS MEMBER
FAMILY PRACTICE

SMYRNA, DE

Beebe, Kenneth H, MD (Ret)
(H) 19 Windy Way
Smyrna, 19977
NORTHEAST COLORADO MED. SOC.
PEDIATRICS

CAPE CORAL, FL

Gabelman, Omer P, DO (Ret)
2173 Buffalo Dr
Grand Junction, CO, 81503
(H) 5300 SW 11th Pl
Cape Coral, 33904
MESA COUNTY MED. SOC.
OTORHINOLARYNGOLOGY
ALLERGY
ASTHMA
IMMUNOLOGY
RHINOLOGY

CORAL GABELS, FL

Lewis, Leonard A, MD
7800 Red Rd, #101
Miami, 33143 (305)666-2740
(H) 510 Salano Prado Ave
Coral Gabels, 33156 661-3086
DENVER MED. SOC.
DERMATOLOGY

MIAMI, FL

Lewis, Leonard A, MD
7800 Red Rd, #101
Miami, 33143 (305)666-2740
(H) 510 Salano Prado Ave
Coral Gabels, 33156 661-3086
DENVER MED. SOC.
DERMATOLOGY

SARASOTA, FL

Stedman, Edith L Bratton, MD
(H) 4043 Shell Rd
Sarasota, 34242
CLEAR CREEK VALLEY MED. SOC.
ANESTHESIOLOGY

Stedman, Wilfred D, MD
(H) 4043 Shell Rd
Sarasota, 34242
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

SPRINGHILL, FL

Freeman, Joseph W, MD
(H) 6759 Pear Leaf Ct
Springhill, 34606
DENVER MED. SOC.
ANESTHESIOLOGY

VENICE, FL

Wahl, David L, MD (Ret)
(H) 1150 Tarpon Cir Dr #305
Venice, 33595 (813)488-1560
DENVER MED. SOC.
FAMILY PRACTICE

HONOLULU, HI

Berlinger, E Duane, MD
(H) 7708 Kalohelani Pl
Honolulu, 96825 (808)395-4345
DENVER MED. SOC.
OB & GYNECOLOGY
LEGAL MEDICINE

CHICAGO, IL

Palmer, Walter Lincoln (Ret)
(H) 1320 E 58 St
Chicago, 60637
HONORARY MED. SOC.
INTERNAL MEDICINE
GASTROENTEROLOGY

Schwarz, M Roy, MD
American Medical Assoc
535 N Dearborn St
Chicago, 60610
(H) 935 Valley Rd
Glencoe, 60022
HONORARY MED. SOC.
ADMINISTRATIVE MEDICINE

DEERFIELD, IL - OLYMPIA, WA**DEERFIELD, IL**

Hendee, William R, PhD
935 Mountain Dr
Deerfield, 60015
HONORARY MED. SOC.

ELK GROVE VILLAGE, IL

Strain, James E, MD
Amer Acad Pedicatric
141 NW Point Blvd
Elk Grove Village, 60007 (312)981-7500
(H) 117 B Rob Roy Ln
Prospect Hts, 60070 (312)255-6142
DENVER MED. SOC.

PEDIATRICS
GENETICS

GLENCOE, IL

Schwarz, M Roy, MD
American Medical Assoc
535 N Dearborn St
Chicago, 60610
(H) 935 Valley Rd
Glencoe, 60022
HONORARY MED. SOC.
ADMINISTRATIVE MEDICINE

PROSPECT HTS, IL

Strain, James E, MD
Amer Acad Pedicatric
141 NW Point Blvd
Elk Grove Village, 60007 (312)981-7500
(H) 117 B Rob Roy Ln
Prospect Hts, 60070 (312)255-6142
DENVER MED. SOC.

PEDIATRICS
GENETICS

SHREVEPORT, LA

Thompson, Horace E, MD
Ob-Gyn Dept LSU Med Ctr
PO Box 33932
Shreveport, 71130
DENVER MED. SOC.
OB & GYNECOLOGY

ROCHESTER, MN

Stampfli, Wendell P, MD (Ret)
211 Second St NW
Snowplume Mining Inc
Rochester, 55901 395-2397
(H) 211 Second St NW
Rochester, 55901
CHAFFEE COUNTY MED. SOC.
RADIOLOGY

PORTAGEVILLE, MO

Siemsen, Gerald H, MD
(H) 208 E 3rd St
Portageville, 63873
PUEBLO COUNTY MED. SOC.

CEDAR MTN, NC

Robinson, Wm M M, MD
Timnath
PO Drawer I
Cedar Mtn, 28718
(H) Timnath
PO Drawer I
Cedar Mtn, 28718
ARAPAHOE MED. SOC.
ADMINISTRATIVE MEDICINE
GENERAL SURGERY

WHITEVILLE, NC

Collier, Mary M, MD (Ret)
(H) 11B
Barbcrest Apts
Whiteville, 28472 (919)642-6854
CLEAR CREEK VALLEY MED. SOC.
ANESTHESIOLOGY

LINCOLN, NE

Hawlick, Garfield F, MD (Ret)
(H) 225 N 56th St #408
Lincoln, 68504 402-467-0266
PUEBLO COUNTY MED. SOC.

LAS CRUCES, NM

Stark, Meritt W, MD
(H) 4821 Quail Run
Las Cruces, 88001
DENVER MED. SOC.
PEDIATRICS

SANTAFENM

Hurst, Allan, MD (Ret)
1011 Paseo De La Cuma
Santa Fe, 87501 (505)983-2076
DENVER MED. SOC.
ALLERGY
PULMONARY DISEASES

LAS VEGAS, NV

Cedarblade, Vincent G, MD (Ret)
(H) 5303 E Twain #76
Las Vegas, 89122 (702)456-6879
DENVER MED. SOC.
GENERAL SURGERY

ENID, OK

Shearer, Joseph M, MD (Ret)
5801 N Oakwood Rd, #A-116
Enid, 73703
CLEAR CREEK VALLEY MED. SOC.

LINCOLN CITY, OR

Wherry, Franklin P, MD (Ret)
(H) 1315 S W Dune Ave
Lincoln City, 97367 994-9945
DENVER MED. SOC.
GENERAL PRACTICE

FRIENDSWOOD, TX

Wilcox, Le Roy A, MD
PO Box 199
Friendswood, 77546
(H) 807 Stadium Cir
Friendswood, 77546
SAN LUIS VALLEY MED. SOC.
GENERAL PRACTICE

GALVESTON, TX

Singleton, Albert O III, MD
200 University Blvd, #620
Galveston, 77550 (409)765-6321
(H) 1602 Broadway
Galveston, 77550
CURECANTI MED. SOC.
PSYCHIATRY

KERRVILLE, TX

Butler, Gordon B, MD (Ret)
(H) 1906 Michelle
Kerrville, 78028
AURORA-ADAMS COUNTY MED. SOC.
GENERAL PRACTICE

LUBBOCK, TX

Duncan, Diane, MD
2202 Memphis
Lubbock, 79410
(H) 5517 1st
Lubbock, 79416
LARIMER COUNTY MED. SOC.
PLASTIC SURGERY
GENERAL SURGERY

WICHITAFALLS, TX

Stephenson, Philip L, MD
1107 Brook
Wichita Falls, 76301 (817)322-3600
(H) 2012 Hiawatha
Wichita Falls, 76309 (817)692-6694
DENVER MED. SOC.
GENERAL SURGERY

VIRGINIA BEACH, VA

Coppinger, William R, MD
(H) 642 Rosemont Rd
Virginia Beach, 23452
DENVER MED. SOC.
GENERAL SURGERY

OLYMPIA, WA

Thatcher, George W, MD (Ret)
(H) 9901 Berkshire Loop SE
Olympia, 98503 (206)456-1763
DENVER MED. SOC.

CASPER, WY**Tennant, Edward E, MD**

(H) 3740 W 46th St
Casper, 82604 473-8108
NORTHEAST COLORADO MED. SOC.
THERAPEUTIC RADIOLOGY

JACKSON, WY**Cunningham, R Ray, MD**

Jackson Orthopedic Group
Box 2770
Jackson, 83001 733-6464
DENVER MED. SOC.
ORTHOPEDIC SURGERY

RIVERTON, WY**Fowler, Freeman D, MD (Ret)**

(H) Willow Bou Banch
Box 1519
Riverton, 82501 856-6902
CLEAR CREEK VALLEY MED. SOC.

SHERIDAN, WY**Hick, Lawrence L, MD (Ret)**

(H) %1st Interst Bk Sheridan
PO Box 2007
Sheridan, 82801
DELTA COUNTY MED. SOC.
FAMILY PRACTICE

"Personal Care"

a Volunteer Program of the Colorado Medical Society

Theodore R. Sadler, Jr., M.D., President Robert D. Hartley, M.D., President-elect

Are you looking for a better way to serve your patients enrolled in the Medicare program, to retain current patients, and to attract new ones?

Are you concerned that the public (and their elected representatives) don't understand what you are doing to help your patients who are experiencing financial difficulties?

Are you currently a "participating" physician who anticipates getting out -- but is concerned about having no alternative to offer your patients?

Do you agree with CMS that maintaining the individual claim-by-claim assignment option is essential to preserving professional autonomy and quality medical care?

If you answered "yes" to any of the above, then we strongly urge you to get involved in the new CMS program:

"Personal Care! There's More Than One Kind."

"Personal Care" is a voluntary program recently initiated by the Colorado Medical Society and the American Society of Internal Medicine to demonstrate that Medicare's individual claim-by-claim assignment option can and does serve well the interests of patients enrolled in the Medicare program.

In this issue of *Colorado Medicine* you will find an enrollment form (You should have received one in the mail by this time). We urge you to carefully consider enrolling because the greater number of physicians demonstrating participation in this program (by actual enrollment) the greater chance organized medicine has in defeating the attack against individual assignment options.

The Commonwealth of Massachusetts recently mandated that, as a condition for licensure, physicians are prohibited from billing patients for any amount in excess of Medicare's "approved amount."

At least seven other states are considering similar so-called "mandatory assignment" legislation.

Congress recently voted to require mandatory assignment of physician laboratory services in order for such services to be covered by the Medicare program. Many powerful members of Congress continue to push for legislation that would virtually force physicians into accepting assignment for all services.

Physicians who voluntarily enroll in CMS's "Personal Care" program agree to take five steps to make the individual assignment option work even better for patients. The five steps are:

1. Answer questions about charges, assignments, or other matters relating to billing and payment -- including what fees will be charged, how fees are determined, and whether or not assignment will be accepted.

2. Help patients file unassigned Medicare claims and obtain proper reimbursement.

3. Accept assignment or provide a discount on fees so Medicare patients having unusual financial difficulties will not have to pay more than Medicare's "approved amount" (i.e., will have to pay only 20 percent of Medicare's approved amount for a given service plus the \$75 annual deductible).

4. Enroll certain patients in a specialized "Personal Care" program so that patients having unusual financial difficulties for an extended period of time will not have to pay more than Medicare's "approved amount" for services provided during a mutually agreed-upon period of time. Patients approved for this specialized program will be given a wallet identification card or a letter which specifies the length of time the program is in effect.

5. Encourage, whenever possible, referral physicians also to accept assignment or provide discount on fees to Medicare's "approved amount" for Personal Care patients.

You are probably saying *"I am already doing most or all of these things for my patients."* That's fine.

The problem is that your patients -- and their elected representatives -- do not know or understand what you are already doing. The "Personal Care" program makes it possible to get the word out.

Very important to this matter is that the "Personal Care" program addresses the two most common criticisms of the individual assignment option: lack of predictability and a possibly adverse effect on low-income beneficiaries.

This program also provides a highly visible means of showing your patients how much you care -- thus "Personal Care" can be one of your best professional tools for retaining patients and reaching new people.

"Personal Care"

a Volunteer Program of the Colorado Medical Society

Theodore R. Sadler, Jr., M.D., President Robert D. Hartley, M.D., President-elect

PHYSICIAN ENROLLMENT FORM

Please enroll me in CMS's voluntary "Personal Care" program. As a "Personal Care" physician, I and my office staff agree to advise Medicare patients in writing (such as by using the flyer prepared by CMS) by mail and/or in my office that:

1. We will answer questions about charges, assignment, or other matters relating to billing and payment--including what fees will be charged, how fees are determined, and whether or not assignment will be accepted.
2. We will help patients file unassigned Medicare claims and obtain proper reimbursement.
3. We will accept assignment or provide a discount on fees so Medicare patients having unusual financial difficulties will not have to pay more than Medicare's "approved amount" (i.e., will have to pay only 20 percent of Medicare's approved amount for a given service plus the \$75 annual deductible).
4. We will enroll certain patients in a specialized "Personal Care" program so that patients having unusual financial difficulties for an extended period of time will not have to pay more than Medicare's "approved amount" for services provided during a mutually agreed-upon period of time. Patients approved for this specialized program will be given a wallet identification card or a letter which specifies the length of time the program is in effect.
5. Whenever possible, we will encourage referral physicians also to accept assignment or provide a discount on fees to Medicare's approved amount for "Personal Care" patients.

Please fill out below, sign, fold and mail to CMS. A certificate of enrollment will be sent to you upon receipt of this form.

Name (please print) _____ Date _____

Name of Group (If enrolling on behalf of a group practice, name of group) _____ # in group _____

Address _____

City _____ State _____ Zip _____

Signature _____ ()
Phone no. _____

Section 4

CMS COMPONENT SOCIETY MEMBERSHIP LISTINGS

The following listing of physicians is classified, alphabetically, under the Component Society headings. Each component society member's name is followed by a geographic reference to the city or town in which the physician practices. You can find the individual physician's practice address and pertinent information under the alphabetical listing by city and town in Section 3 of this directory. Please remember that physician members of the various component societies do not necessarily confine their practice to offices located within their component society boundaries; e.g., a physician may be a member of the Clear Creek Valley Medical Society but have a practice address in Denver.

ARAPAHOE

Abman, Carolyn F; Littleton; Denver
 Aguilera, Arnold J; Denver
 Altmix, Richard H; Littleton
 Altshuler, John H; Denver; Englewood
 Arenberg, I Kaufman; Denver; Englewood
 Arensberg, Lee C; Denver
 Arnold, Jennifer; Englewood
 Arthur, James H; Denver
 Asarch, Richard G; Englewood
 Asher, Wilmer L; Englewood; Littleton
 Atkinson, Kenneth; Littleton; Englewood
 Atkinson, Roy J; Englewood
 Austin, Robert C Jr; Littleton; Englewood

Baker, Bruce B; Englewood
 Baker, Pete H; Englewood
 Baker, Ronald K; Denver; Castle Rock
 Balkany, Thomas J; Denver
 Bartee, Roy M II; Denver
 Barter, Jeffrey; Littleton; Englewood
 Bartlett, Max D; Denver
 Becker, Paul G; Denver
 Behrs, Robert S; Englewood
 Benedict, Daniel B; Denver
 Benton, Louis J; Denver
 Berk, Leonard E; Denver
 Berlin, Barry P; Littleton
 Bernhardt, Richard N; Denver; Littleton
 Bernstein, Lawrence H; Denver
 Bess, Howard H Jr; Denver; Englewood
 Bess, Robert J; Englewood
 Bigelow, Eugene V; Denver
 Birney, Janice L; Littleton; Golden
 Biscardi, Henry M; Denver
 Blakeman, Gordon J; Denver
 Blayney, Robert L; Littleton; Denver
 Bol, Morris; Denver
 Booren, Jack C; Denver
 Bortz, Alan I; Littleton; Denver
 Boulder, Joel C; Littleton; Denver
 Bowles, Roger E; Littleton
 Bowman, William J; Littleton; Denver
 Branan, Richard C; Englewood
 Breneman, Janice K; Englewood; Denver
 Brittain, Robert S; Englewood; Littleton
 Brodie, Harry; Littleton
 Brookens, Bruce R; Denver; Englewood
 Brown, Gerald D; Littleton
 Brown, Patricia S; Littleton; Denver
 Bublitz, Deborah K; Littleton
 Buesing, Russell; Denver
 Burmeister, Glen E; Englewood; Castle Rock
 Bushnell, Walter J; Denver; Littleton
 Butterfield, Duane E; Englewood

Capek, Richard B Jr; Englewood; Denver
 Capoot, Gerald D Jr; Denver; Golden
 Carey, Thomas A; Denver
 Carle, Terry V; Englewood
 Carlson, Roy E; Englewood
 Carson, Richard; Littleton; Englewood
 Carter, Donald R; Englewood; Denver
 Carver, Eleanor S; Englewood
 Carver, Robert K; Englewood; Aurora
 Castellano, Stephen A; Denver
 Cate, James R; Englewood; Littleton
 Cedars, Leonard A; Littleton; Englewood
 Cerasoli, James R; Denver; Littleton
 Chinburg, Ken G; Englewood; Littleton

Cilo, Mark P; Englewood
 Clark, David G; Englewood
 Cole, Norman J; Larkspur
 Conner, Donald J; Englewood
 Cook, Shelby S; Denver
 Cosh, Glenn M; Lakewood
 Coulehan, Lawrence T; Denver
 Cowen, D Eugene; Englewood
 Cox, Robert L; Denver; Highlands Ranch
 Cram, Jon J; Littleton
 Creer, Stephen M; Englewood; Littleton
 Currier, Laurence M; Littleton

Dahl, Alvin E; Littleton
 Dahlberg, William W; Denver
 Darling, Bradford L; Englewood; Littleton
 Dart, Merrill O; Loma Linda CA
 Davis, Dan M; Denver
 Davis, John A; Denver
 Dean, Val C; Englewood
 Deroos, James J; Denver
 Dillon, T James; Denver
 Dimaria, Vincent A; Littleton
 Dishler, Jon G; Englewood
 Domurat, Michael F; Denver; Morrison
 Doner, H Calvin; Littleton
 Downing, Terry A; Denver
 Dragul, Paul H; Denver; Englewood
 Dreisbach, James N; Englewood
 Duerksen, Edward C; Englewood; Denver
 Dumm, James B; Denver
 Dunn, James M; Littleton

Edmundson, Arlo R; Morrison
 Ehlers, Gordon H; Denver; Englewood
 Eisele, C Wesley; Englewood
 Ellis, Richard E; Denver; Englewood
 Ellis, Ronald D; Denver
 Ellison, Patricia H; Denver
 Emmanuel, Samuel; Englewood
 English, Gerald M; Englewood; Denver
 Eubanks, Stephen W; Denver
 Ezzard, John A; Englewood

Faul, John C; Denver
 Fawell, Thomas W; Highlands Ranch
 Feiten, Daniel J; Englewood; Denver
 Finkel, Richard S; Denver; Golden
 Fletcher, Gary H; Englewood
 Frank, Lorenz S; Littleton
 Franklin, David C S; Denver
 Freed, John H; Denver
 Friedman, Jacob; Denver
 Frost, Anthony; Englewood

Galansky, Stanley H; Denver
 Garfein, Arthur D; Littleton
 Garrett, Raymond E; Englewood; Denver
 Gaynor, Laurence F; Englewood
 Geisterfer, Dirk J; Denver; Englewood
 Gentry, James H; Denver; Englewood
 Gillesby, Robert J; Denver; Littleton
 Glancy, Gerard L; Denver; Aurora
 Glasco, Donald G; Littleton
 Glasser, Edward J; Littleton
 Glatz, Duane J; Englewood; Denver
 Gleichman, Theodore K; Littleton
 Goldberg, Bertram; Englewood
 Golub, Burton P; Denver; Golden
 Good, Richard L; Littleton
 Goodman, Stephen B; Littleton
 Gordon, Gerald S; Denver; Littleton

Grant, Paul J; Englewood; Parker
 Greisman, Stewart L; Englewood; Littleton
 Griffin, Dennis J; Englewood
 Gruber, James E; Denver; Englewood
 Grund, Walter J; Littleton
 Guard, Harold L; Englewood; Denver
 Guber, Myles S; Denver
 Guilfoyle, Edward J; Denver
 Gulinson, Jordan E; Denver

Ham, Gordon C; Englewood; Denver
 Hamann, Richard A; Denver
 Hannah, Stanley L; Denver; Englewood
 Hansen, Richard N; Littleton; Englewood
 Hartman, James F; Denver
 Hartner, Mark J; Denver
 Harvey, Alice; Englewood
 Harwood, James T; Denver; Englewood
 Hatfield, Wendell; Littleton
 Hattler, Brack G Jr; Denver
 Heaton, Warren A; Castle Rock
 Heavrin, John S; Lakewood; Littleton
 Heckmann, Richard C; Denver
 Heiss, Robert E; Denver; Littleton
 Heller, Arthur P; Englewood
 Henderson, James A; Denver
 Higgins, Kerry T; Denver; Lakewood
 Hitchcock, Michael H; Englewood
 Hooper, Gerald H; Denver; Arvada
 Horner, Robert L; Denver; Englewood
 Howard, K Mason Jr; Englewood; Littleton
 Hsu, Shih Fong; Englewood
 Huber, James A; Denver; Englewood
 Hughes, Clarence O Jr; Englewood
 Hughes, John S; Englewood; Littleton
 Hutcherson, John D; Denver
 Hyde, Edwin G; Englewood

Irwin, Everett; Denver

Jacobsen, Merl M; Littleton
 James, Brien P; Englewood
 Janik, Joseph S; Denver; Englewood
 Jobe, William E; Englewood; Denver
 Jobe, Wm Louis; Denver; Littleton
 Jones, Roy W; Denver; Englewood

Karakusis, Peter H; Denver; Highlands Ranch
 Karasek, Dagmar; Denver; Englewood
 Katz, Seymour; Englewood
 Kearns, Donald H; Denver
 Kelly, Glenn L; Englewood
 Kelsall, Charles H; Englewood
 King, Robert A; Littleton; Denver
 Knize, David M; Englewood
 Koepke, Jerald W; Denver; Littleton
 Kolberg, Bruce H; Denver
 Kortz, Allan B; Englewood; Denver
 Kortz, Warren J; Englewood
 Kovachy, Robin J; Littleton; Aurora
 Kowal, Ira J; Englewood; Littleton
 Kraft, Elizabeth S; Littleton; Englewood
 Krebs, Jeffrey J; Castle Rock
 Kreye, George M; Littleton
 Kruse, Robert L; Englewood

Lamb, Rodney L; Englewood
 Lammertse, Daniel P; Englewood
 Langstaff, Saml H; Littleton
 Larkin, Thomas P; Denver; Englewood
 Larremore, Theodore W; Denver; Wheat Ridge
 Law, Jay D; Englewood

ARAPAHOE - AURORA-ADAMS COUNTY

Lazarus, Jeremy A; Englewood
Lee, William H; Littleton
Leonard, Michael W; Denver
Levine, Mark A; Englewood; Aurora
Levisohn, Paul M; Denver
Levy, Irwin B; Denver
Lewis, Frederick A Jr; Englewood
Lewis, Roger R; Englewood
Lingle, James R; Englewood
Link, David B; Littleton
Lipkin, Alan F; Denver
Ljunghag, Susan E; Englewood
Loeffler, Anna T; Englewood
Loken, Arnold B; Littleton
Lovejoy, Brent V; Englewood
Lueck, Roger A; Englewood; Aurora

Madison, David S; Denver
Magill, Charles D; Englewood
Makowski, Anthony J III; Highlands Ranch
Marcelo, Teresita R; Denver
Maxwell, James C; Denver; Littleton
McCarthy, Howard L; Englewood
McCloskey, Thomas T; Englewood
McDonald, Keith M; Denver
McMahon, Richard T; Denver
McQuaid, James L; Denver
Melmed, Meir H; Englewood
Melzer, Robert B; Denver; Englewood
Menter, Robert R; Englewood
Mijer, Frits; Denver
Miller, Meredith H; Englewood; Littleton
Milligan, Gatewood C; Englewood
Moffatt, Thomas W Jr; Littleton; Lakewood
Molk, Kevin J; Littleton
Monheit, Peter I; Denver; Englewood
Montgomery, Eva; Lakewood; Littleton
Moo-Young, George A; Denver
Moore, Virginia M; Littleton
Morgan, David L; Englewood; Denver
Morrison, John D; Denver; Littleton
Moser, Edgar A; Denver
Mountain, Richard D; Denver; Littleton
Muffly, Harry M; Englewood; Littleton
Muffly, James T; Englewood
Myers, Burton S; Englewood

Nay, Leston B; Littleton; Denver
Near, Alida R; Denver; Castle Rock
Needham, Merl E; Denver; Littleton
Nickell, Leo C; Englewood
Nonas, Nicholas G; Englewood; Denver

O'Brien, Martin E; Englewood; Littleton
O'Connor, Sharon E; Denver; Englewood
O'Neill, Eugene T; Denver; Englewood
Ochsner, Ronald C; Englewood; Littleton
Orton, Paul W; Highlands Ranch; Littleton
Osa, Steven R; Denver; Littleton

Parker, Kay C; Denver; Morrison
Paton, Bruce C; Denver
Patterson, James R; Englewood
Peacock, William F; Littleton
Penner, Clyde E; Englewood
Percefull, Sabin C; Englewood; Littleton
Perry, Robert B; Littleton
Persoff, Michael; Denver; Aurora
Persoff, Nathan S; Denver
Peterson, Harold R; Littleton
Peterson, W Peter; Denver
Ploff, David S; Denver; Englewood

Philpott, Peter J; Englewood
Piel, Michael T; Englewood
Pluss, Richard G; Denver; Englewood
Podgorski, Steven F; Englewood; Denver
Pollard, Marvin J; Denver; Aurora
Pomerantz, Marvin; Denver; Englewood
Post, Gary L; Englewood; Aurora
Potestio, Frank S; Englewood; Parker
Poticha, Gerald S; Littleton; Englewood
Powers, Bernard J; Englewood; Denver
Powers, Robert C; Englewood; Denver
Preshaw, D Edwin; Littleton
Price, Jerry G; Denver; Englewood
Puckett, William N; Denver
Pushkin, Joshua R; Denver

Quinby, James L; Denver

Rastrelli, Alan J; Denver; Littleton
Ratner, Karen N; Littleton; Lakewood
Rauzi, Frank R; Littleton
Rehg, William F; Englewood
Rice, David R; Jamestown
Rich, Berkeley L; Littleton
Riley, John C III; Englewood
Ritsick, Joseph A; Denver
Roberts, John F; Englewood; Littleton
Robinson, Wm M M; Cedar Mtn NC
Rohrer, H Hugh; Englewood; Littleton
Rollinger, Charles L; Littleton; Denver
Roney, Patrick J; Littleton; Denver
Rose, Brian H; Lakewood
Rosenberg, Stuart G; Denver; Morrison
Rudolph, Merritt C; Denver; Englewood

Sabel, John S; Englewood
Sachs, Robert A; Littleton
Sandhaus, Robert A; Denver; Littleton
Sankey, Noel E; Englewood
Sargent, Frank T; Englewood; Littleton
Sargent, Robert A; Littleton; Englewood
Schechter, Philip A; Littleton; Englewood
Schmidt, Alden T Jr; Denver; Littleton
Schneider, Michael J; Denver; Englewood
Schoolcraft, William B; Englewood
Schrandt, Donald L; Denver
Schreiber, David P; Denver; Englewood
Schroeder, Fredric A; Denver; Englewood
Schuchman, Harvey A; Denver; Englewood
Schuett, Michael C; Denver
Scott, Floyd E; Denver; Littleton
Scott, Jeffrey R; Englewood; Castle Rock
Seegers, Winnifred; Denver
Seibert, Charles E; Englewood; Littleton
Selner, John C; Denver
Shaw, Thomas J; Denver
Sheehan, Mark W; Denver; Englewood
Sillers, William S; Englewood; Denver
Simon, John Jr; Englewood
Simons, Herbert J; Denver
Smazal, Stanley F Jr; Englewood
Smith, Barry R; Denver; Littleton
Smith, Dale J; Denver; Golden
Smith, Daniel L; Denver; Englewood
Smith, Don B; Englewood; Denver
Spalter, Roger M; Littleton
Spangler, Ronald C; Highlands Ranch
Stallworth, John C; Denver; Englewood
Stapp, R Holbrook; Englewood; Denver
Stavros, A Thomas; Englewood
Stecher, Karl Jr; Denver
Steffen, Grant E; Englewood

Steines, William J; Englewood
Steinhardt, Kasiel; Denver; Englewood
Story, Helen M; Littleton; Evergreen
Strasburger, Arthur K; Littleton; Englewood
Studebaker, Lynne R; Englewood; Golden
Sudan, A Chester Jr; Englewood; Denver
Sullivan, Philip J; Englewood; Denver
Sunde, Paul M; Littleton
Sutherland, Jerome D; Englewood; Denver
Swanson, Michael S; Englewood; Littleton
Swanson, Wendel B; Englewood; Littleton
Sweeney, Richard; Littleton; Westminster
Swinehart, James M; Denver

Taylor, Richard C; Littleton
Terbush, James W; Castle Rock
Thomas, Donn D; Englewood
Thompson, Richard H Jr; Littleton; Englewood
Thulin, Barbara W; Englewood
Thulin, William J; Englewood
Trautner, Marilyn P; Denver; Littleton
Truell, John E; Englewood
Truitt, Leigh; Denver
Tschetter, Paul N; Englewood
Tsuda, Hideya; Englewood
Turley, Ginger T; Englewood; Aurora

Vanbuskirk, John A; Englewood; Littleton
Vanderark, Gary D; Englewood; Denver
Verkler, Christopher J; Englewood
Voorhees, Kenton I; Littleton

Wallack, David; Littleton
Wanderer, Alan A; Englewood
Wassill, Valerie M; Denver
Weily, Hugh; Denver
Weiner, Melvin H; Littleton; Denver
Weintraub, Alan H; Englewood
Wells, G Gray; Englewood
Wells, Gerald C; Littleton; Englewood
Whalen, William R; Denver; Littleton
White, Carleton B; Littleton
Wick, Albert M; Denver; Littleton
Wicks, Allan B; Denver
Williams, Jean E; Littleton
Williams, Michael J; Denver
Williams, Richard W; Littleton; Englewood
Williams, Roger A; Denver; Englewood
Williams, Warren L; Littleton
Wilson, W Bruce; Denver; Littleton
Winkler, James V; Denver; Boulder
Winter, Clara L; Englewood
Wintory, Terry; Aurora
Wolf, Mark R; Littleton
Wood, Benjamin S Jr; Denver
Wood, John M; Englewood; Littleton
Wood, Lawrence Gilmore; Littleton; Denver
Woodard, Don E; Englewood; Denver
Wright, Roy R; Englewood

Youngberg, Joseph T; Englewood
Yukl, Richard L; Denver

Zaki, Sayed M; Denver
Zoller, Gregory W; Denver; Englewood
Zwiebel, Paul C; Englewood; Littleton

AURORA-ADAMS COUNTY

Aeling, John L; Aurora
Ain, Jonathan D; Aurora; Englewood

Alanis, Joseph M; Englewood
 Albers, Hubert J; Denver
 Albright, Phillip H; Aurora
 Ashkar, Louis; Aurora
 Avner, Sanford E; Denver; Englewood

Balstad, Paul D; Aurora; Denver
 Barlow, Michael C; Aurora
 Battock, Dennis J; Aurora
 Bays, Claud A; Denver; Englewood
 Beck, Dennis M; Aurora; Boulder
 Bentley, William H; Aurora
 Blackard, Carol J; Aurora
 Bodnar, Judith K; Aurora
 Bourne, Eugene E; Denver; Englewood
 Brake, Janneutte; Brighton; Aurora
 Brugioni, Daniel J; Aurora
 Buckley, Jerome M; Aurora; Denver
 Burcham, James R; Aurora
 Butler, Gordon B; Kerrville TX

Cameron, Marvin N; Aurora; Denver
 Canham, Douglas E; Aurora
 Canham, Edward M; Aurora
 Capin, Leslie R; Aurora
 Cardos, Stephen F; Brighton
 Carr, H Patrick; Aurora
 Cersonsky, H Sol; Denver
 Chan, Anthony W; Westminster
 Comer, Carolyn R; Aurora; Denver
 Contiguglia, S Robert; Denver
 Cooper, John A; Denver
 Corren, Howard L; Aurora
 Cupps, Jerry L; Commerce City
 Curran, Thomas E; Aurora

DeAlva, William E G; Denver
 Delaney, James J Jr; Aurora; Denver
 Demos, George T; Aurora
 Denegri, Alberto; Fort Lupton; Denver
 Dennington, Michael L; Aurora; Denver
 DiBella, Nicholas J; Aurora; Parker
 Doucette, John W; Denver

Eastman, Robert L; Denver
 Eframo, Frederick W; Aurora; Englewood
 Ehrichs, Edward L Jr; Aurora
 Eidsvoog, Carol A; Aurora
 Eisenbaum, Allan M; Aurora
 Eisenbaum, Sidney L; Aurora; Englewood
 Ellis, John J; Denver
 Everhart, Floyd R; Aurora

Fagan, Michael C; Aurora
 Falbo, Anthony; Aurora
 Fell, William F Jr; Aurora
 Fieman, Richard A; Aurora
 Flaxer, Carl; Denver

Gaede, Gary L; Aurora
 Gallagher, John Q; Denver; Littleton
 Garland, Gerard L; Denver
 Garrett, William F Jr; Denver
 Gehret, Peter; Aurora; Englewood
 Gellrick, Caroline M; Lakewood
 Gerhold, John P; Denver; Englewood
 German, Charles; Englewood
 Gibbons, Ralph W; Aurora
 Gibson, Matthew L Jr; Aurora
 Gilmer, T Scott; Aurora
 Ginsburg, Freeman M; Aurora
 Gipson, William T Jr; Parker

Glassman, Kenneth P; Denver
 Goldberg, Jan Paul; Aurora; Denver
 Gorman, Richard W; Aurora
 Gorshow, Stephen M; Parker
 Gradison, Maggie; Aurora; Evergreen
 Graham, William H; Aurora; Denver
 Grayson, David E; Brighton
 Grazi, Sol Jay; Aurora
 Green, Deborah; Fort Lupton
 Greenberg, Jerry H; Aurora
 Greenheck, Robert R; Denver; Aurora
 Greenholz, Daniel J; Aurora; Denver
 Griffith, John B; Englewood
 Griffith, William F III; Aurora
 Gross, Karl F; Aurora; Denver
 Grossman, John A; Denver

Haas, John M; Aurora; Englewood
 Halfmann, Lee R; Aurora; Denver
 Hannemann, Martin D; Aurora; Golden
 Hanser, James A; Denver
 Harris, David W; Aurora; Englewood
 Hattem, Albert R; Fort Lupton; Denver
 Haveman, Craig N; Fort Lupton
 Hawke, Jeffrey E; Aurora; Denver
 Hayman, Mark P; Strasburg
 Hayward, Bruce T; Aurora
 Heaton, Angeline D; Denver
 Heaton, Carl E; Denver
 Hiner, John M; Brighton
 Hoffman, Richard A; Aurora; Littleton
 Holt, Charles J; Aurora; Englewood
 Horvath, Joseph S; Aurora; Englewood
 Howard, William L; Brighton; Boulder
 Hoyer, J Scott; Aurora
 Hursh, Roger; Brighton; Denver

Imatani, Raymond J; Aurora

Johnson, Robert W; Aurora
 Johnson, Scott S; Brighton
 Joseph, Norman; Aurora

Kamau, Pius K; Aurora
 Kaufman, Joel M; Aurora; Littleton
 Keeler, F Brent; Aurora
 Kesselman, Stephen E; Aurora
 Kinnard, Melinda M; Aurora; Denver
 Kivovsky, Richard D; Aurora
 Kirschman, Edward; Aurora; Englewood
 Kirshenbaum, Gerald; Aurora; Englewood
 Kistler, Dale C; Denver
 Kitlowski, Noel P; Aurora
 Klein, Melvyn H; Denver; Englewood
 Kopelman, J Joshua; Aurora
 Kovach, Drew A; Arvada
 Krause, Kenneth D; Aurora; Denver
 Kuhn, Kathleen R; Aurora; Denver
 Kurtz, Michael L; Aurora; Denver

Lahey, Michael D; Brighton
 Levenson, Ian R; Aurora; Englewood
 Levinson, Mark B; Aurora; Denver
 Lindenbaum, Barry L; Aurora; Englewood
 Lindenbaum, Stephen D; Aurora; Englewood
 Loeffler, Richard T; Aurora; Littleton
 Lord, Edward L; Aurora
 Losasso, Leonard J; Aurora; Englewood
 Luzietti, Richard G; Aurora; Littleton

Machanic, Bennett I; Denver
 MacPhee, William M; Aurora; Denver

Manfre, Kenneth; Aurora; Denver
 Mangione, William J; Aurora; Denver
 Manguso, Robert L; Aurora
 Maniatis, William N; Aurora
 Marks, Galen D; Brighton; Erie
 Marritt, Emanuel; Englewood
 Martin, William M; Aurora
 McLaughlin, John D; Aurora
 McMullan, Kathryn L; Brighton
 Mehta, Pushpa S; Aurora; Englewood
 Meltzer, Gerald E; Denver; Englewood
 Michelson, Abraham K; Aurora; Englewood
 Mikles, Devin A; Aurora; Denver
 Miles, Willfred W; Aurora
 Miller, Eugenia M; Aurora
 Mishell, Jeffrey L; Denver
 Molk, Barry L; Aurora
 Montrey, Jill S; Englewood; Denver
 Moore, John T; Aurora
 Mules, Janet E; Denver
 Munch, David M; Aurora; Englewood
 Munro, George F; Brighton
 Myers, John A; Aurora; Englewood

Nakakuki, Masafumi; Denver
 Nauts, Ruth B; Aurora; Denver
 Newens, Adrian F; Denver
 Nofsinger, Kenton D; Aurora; Englewood
 Norton, Philip H; Aurora; Denver
 Nowick, Martin E; Aurora; Englewood
 Nuss, Donald D; Aurora

O'Dell, Robert A; Aurora
 Odekirk, Larry L; Aurora; Castle Pines
 Owens, Cynthia J; Parker; Englewood

Pajon, Eduardo R Jr; Aurora; Parker
 Palmieri, Anthony J; Aurora
 Patt, Richard A; Aurora
 Pearlman, David S; Aurora; Englewood
 Pearlman, Mark H; Aurora; Englewood
 Pederson, Janet L; Aurora
 Penn, Eugene C; Aurora
 Peoples, Grant; Aurora
 Poucel, Jean-Georges; Aurora
 Press, Peter; Denver

Quintana, Phillip D; Aurora

Rabinowitz, Jay S; Parker
 Rasband, Rick W; Aurora
 Reddy, Carol F; Denver
 Reich, Marshall P; Aurora; Denver
 Rein, Richard A; Aurora
 Rokicki, Robert R; Aurora
 Roos, David Brian; Aurora
 Rothberg, Alan D; Aurora
 Rowan, Aloysius I Jr; Aurora
 Rubinstein, David H; Denver; Englewood
 Rudd-McCoy, Nancy A; Thornton; Englewood
 Russell, Asela C; Aurora; Denver

Schiff, Michael; Aurora; Englewood
 Schulman, Eugene; Commerce City; Denver
 Serota, Joseph F; Aurora; Englewood
 Sherman, Joseph M; Brighton
 Sherman, Morton E; Aurora; Englewood
 Sherman, Susan A; Aurora; Englewood
 Shesol, Barry F; Aurora
 Shippert, Ronald D; Aurora; Littleton
 Siegel, Clifford H; Aurora
 Silveira, M Beatriz; Aurora

AURORA-ADAMS COUNTY - BOULDER COUNTY

Silverman, Leonard D; Aurora; Denver
Simon, David C; Aurora
Smith, Christopher F; Aurora; Englewood
Smith, Stephen W; Aurora
Solomon, William A; Aurora
Spray, Selwyn M; Denver; Thornton
Squires, Robert S; Denver
Starkey, Gerald H Jr; Denver; Englewood
Stoffel, Philip T; Aurora; Denver
Stoll, Stephen L; Greenwood Village; Denver
Stuebner, Jon W; Aurora; Englewood
Sundland, Barry R; Aurora; Denver
Swanson, Marvin L; Aurora
Swarsen, Ronald J; Denver

Teal, Frederick F III; Denver
Thompson, Lee S; Aurora; Denver
Tomlinson, Charles O; Denver
Tormey, Anthony D; Aurora
Tyburczy, Joseph A Jr; Brighton

Urban, James G; Aurora; Greenwood Village

Varnell, Jeffrey L; Aurora; Englewood
Varner, Lawrence N; Englewood; Denver
Vierling, Donna M; Aurora; Englewood
Visconti, Paul B; Denver; Aurora

Waggoner, Jeffrey R; Aurora
Warkentin, William J; Aurora
Warren, Darrell R; Aurora; Englewood
Watts, Thomas B; Aurora; Denver
Weaver, William D; Brighton; Lakewood
Webb, Terrell R; Aurora
Weber, Bruce J; Aurora
Weinerman, Stewart K; Aurora; Englewood
Weingarten, Peter L; Aurora; Englewood
Wells, David W; Parker
Wexler, Ralph M; Aurora; Denver
Wick, James E; Aurora; Denver
Wilson, James P; Denver; Aurora
Wing, Diane L; Parker

Yamamoto, Francis K; Denver
Yasuzawa, S Steve; Aurora; Englewood

Zarlengo, Roland J; Denver
Zemel, Leonard R; Aurora
Zimik, Luthuk; Brighton
Zimmerman, Clark B III; Parker

BOULDER COUNTY

Abbott, W Richard; Boulder
Aldrich, Franklin D; Boulder
Alt, Brooke; Boulder
Amoroso, Christian R; Windsor; Longmont
Anker, Jeffrey L; Boulder
Appel, Theodore B; Boulder
Armour, Ross W; Longmont
Aumiller, Charles L; Boulder
Avery, John S; Boulder

Backup, Linda D; Longmont; Lyons
Balkins, A J Jr; Boulder
Baumgardner, Jan F; Boulder
Baumgartner, Ronald; Boulder
Beasley, D J; Boulder
Bedell, Richard F; Boulder
Bender, Brice J; Longmont
Benson, Alan E; Longmont

Berg, Kevin R; Longmont
Berry, William R; Longmont
Birn, Jeffrey I; Thornton
Bjerke, Randal D; Boulder
Blanchet, William A; Boulder
Bock, S Allan; Boulder
Bolles, Frank P; Boulder
Bolles, Gene E; Boulder
Bosley, Rex C; Boulder
Bowers, Steven P; Boulder
Bowles, Charles R; Boulder
Boyd, J David; Boulder
Brandt, David; Boulder
Britton, James A; Longmont
Brockway, Roger W; Longmont
Brubaker, William H; Boulder
Brudenell, Mary Dina; Boulder
Buck, Peter G; Boulder
Budge, John C; Longmont
Burrow, Claude H; Boulder
Burton, William V; Boulder

Cadora, Donald F; Boulder
Carpenter, Julie; Boulder
Carr, Alfred N; Longmont
Carrillo, Alfred B; Louisville
Carsey, Eben D Jr; Boulder
Carson, John D; Longmont
Carter, John E; Boulder
Cavanaugh, Kenneth J; Longmont
Cavanaugh, Patrick R; Longmont
Ceriani, Philip D; Longmont
Christensen, Carole; Boulder
Clark, James E; Boulder
Clark, Scott D; Longmont
Cletcher, John O Jr; Longmont
Colberg, Craig S; Longmont
Collins, Michael A; Boulder
Colton, Albert H; Longmont; Boulder
Conrad, William C; Boulder
Cowgill, Joseph S; Boulder
Craven, Edward B; Boulder
Crouch, Dee B; Boulder
Curtis, William S; Boulder

D'Arcy, Genet; Boulder
Daarud, R Scott; Boulder; Louisville
Daarud, Richard C; Boulder
Dank, Gerald M; Boulder
Darrah, Thomas J; Longmont
Day, John R M; Boulder
Donnelly, John H; Boulder
Dougherty, Marilyn A; Boulder
Dubach, Kenneth F; Boulder
Dumler, Larry J; Boulder
Dunaway, Marvin R; Boulder

Eddy, Richard L; Boulder
Erlling, William F; Boulder
Evans, Clayton A; Boulder
Ewing, Peter C; Boulder

Farrington, John F; Boulder
Ferris, William D; Boulder
Firestone, Marvin H; Boulder
Fitzgerald, David T; Longmont
Fleagle, John T; Boulder
Franklin, D A; Broomfield
Freeman, Ann E; Boulder
Freudenburg, James C; Longmont
Friedman, Joseph B; Thornton; Boulder
Fries, Stephen M; Boulder

Garmany, George P Jr; Boulder
Geesaman, Richard E; Boulder
Gelman, Lloyd D; Boulder
Gibson, Richard W; Boulder
Gildersleeve, Richard G; Boulder
Gillaspie, John D; Boulder
Glode, John E; Longmont; Hygiene
Good, David M; Longmont
Gordon, Leon L; Mesa AZ
Grady, James R; Boulder
Grantham, J Geary; Boulder
Grasso, Ralph J; Boulder
Greenlee, Max R Sr; Boulder

Hackney, Terry L; Louisville; Boulder
Haimes, Mark D; Boulder
Haley, James S; Longmont
Hanley, Kevin W; Boulder
Hansen, Daniel G; Boulder
Hanson, Russell H; Estes Park
Harley, Ned R; Boulder
Harrison, Craig A; Boulder
Harrison, Robin A; Boulder
Hauck, Margaret E; Denver; Boulder
Henderson, Stephen R; Longmont
Hern, Warren M; Boulder
Hersch, L Brian; Boulder
Hibbard, H Davis; Louisville; Boulder
Hickman, Gerald M; Boulder
Higgins, Thomas; Boulder
Hilberman, Mark; Boulder
Hilty, Raymond W Jr; Boulder
Holden, Lawrence W; Boulder
Holt, Peter B; Longmont
Howland, William W; Boulder
Hudson, John L; Boulder
Huffman, Thomas A; Denver; Longmont
Husted, Joel R; Boulder

Imig, John R; Boulder

Jacobson, Jacob G; Boulder
Johnson, William M; Boulder
Jones, Charles G; Boulder
Jones, David W; Boulder
Jones, Harry D; Longmont
Jorgensen, Roger L; Longmont

Kaniuk, Marlene F; Boulder
Keller-Klein, Karen A; Boulder
Kelley, Severance B; Longmont
Kellum, Donald L; Boulder
Kipfer, Roger K; Louisville; Boulder
Kirchner, Robert L; Boulder
Klein, Mark F; Boulder
Knapp, H G Robert; Boulder
Knopper, Morton P; Longmont
Koelsch, Harmut W; Longmont
Kornberg, James P; Boulder
Kornfeld, Howard; Boulder
Krieger, Gary R; Golden; Boulder
Kroger, J Stephen; Longmont
Kuisle, Hans R; Boulder

Laitos, Mark M; Longmont
Lane, Richard A; Boulder
Lavrins, David A; Longmont
Lewis, Jeanne D; Boulder
Lewis, Paul K Jr; Boulder
Lillydahl, William C; Boulder
Lombard, Lou-Elizabeth J; Boulder; Denver

MacFarlan, Sherburne M; Boulder
 Mackell, Paul E; Boulder
 Macsalka, Mary A; Boulder
 Macsalka, Robert E; Boulder
 Marbry, George W; Boulder
 Marcotte, Dale D; Boulder
 Markey, Joseph W; Boulder
 Martin, Christopher H; Sun City AZ
 Maurer, Lawrence E; Boulder
 Maxwell, George S; Longmont
 McCarty, David W; Longmont
 McCarty, David W IV; Longmont
 McCauley, John R; Longmont
 McFarland, Osmyn W; Boulder
 McGroarty, Saralee R; Longmont; Boulder
 McKenna, Michael P; Longmont; Loveland
 McKinney-Clark, Jeanne; Longmont
 Mehler, Robert E; Boulder
 Menzel, Mark L; Boulder
 Meyer, John E; Boulder
 Milburn, William H; Longmont; Lyons
 Miles, Norman A; Boulder
 Miller, Denise M; Longmont
 Moffett, P Michael; Longmont
 Mooney, Herbert S Jr; Longmont
 Moore, Donald B; Boulder
 Moore, Richard H; Louisville; Boulder
 Moorhead, Kenneth D; Boulder
 Mossberg, C Eugene; Longmont
 Murphy, James T; Boulder

Nelson, Roy G; Boulder; Louisville
 Newsom, Marilyn M; Boulder
 Nicolay, Donald L; Boulder
 Nissim, Joseph J; Longmont; Boulder
 Nowinski, Donald M; Boulder

Ogden, McAlpine P; Boulder
 Olijnyk, Irene; Longmont
 Oppenheimer, David A; Boulder

Padrnos, Richard E; Boulder
 Peshock, James R; Boulder
 Pfile, E F; Longmont
 Phillips, Barbara A; Boulder
 Pinto, Randolph A; Boulder
 Pischinger, Russell J; Longmont
 Plazak, Dean J; Boulder
 Podlecki, David A; Longmont
 Poje, Joanne; Longmont
 Power, Charles W; Lafayette
 Powers, Douglas K; Longmont; Platteville
 Pressley, Richard L; Boulder; Longmont

Rabold, James G; Lafayette; Boulder
 Raybin, James B; Boulder
 Rector, James B; Boulder; Longmont
 Rector, Susan E; Boulder; Longmont
 Reiting, Russell G; Longmont
 Repogle, Scott L; Longmont; Boulder
 Rice, Glenn R; Boulder
 Rice, Lee E; Boulder
 Rickard, Paul C; Boulder
 Roach, Susan I; Longmont
 Roberts, William A; Boulder
 Roos, Richard K; Boulder
 Rosen, Gary B; Boulder
 Rossman, Mitchel G; Boulder
 Roter, David L; Boulder
 Rubright, Mark W; Longmont
 Rupp, Gerald R; Longmont

Russell, George R; Boulder
 Ryan, John P; Boulder

Salter, William J; Boulder
 Scaer, Robert C; Boulder
 Schaten, Robin L; Longmont
 Schilling, Donald H; Boulder
 Seale, William B; Boulder
 Sherrod, Dale B; Longmont
 Shiovitz, William D; Boulder
 Simons, David R; Boulder
 Sitarik, Mark A; Boulder
 Smith, Darvin W; Boulder
 Smith, Jerry; Denver
 Sneddon, Wallace A; Longmont
 Snyder, Alan L; Boulder
 Sowl, Duane D; Boulder
 Stacey, N Russell Jr; Longmont
 Stein, Donald W; Boulder
 Steinbaugh, John R; Boulder; Louisville
 Stephens, George K III; Boulder
 Sternberg, Patrick E; Boulder
 Stewart, James D; Boulder
 Stewart, Stephen K; Longmont
 Stjernholm, Melvin R; Boulder
 Stormo, Alan C; Boulder
 Striplin, Michael R; Boulder

Takahashi, William Y; Boulder
 Tanenbaum, Marc H; Longmont
 Thayer, David O; Boulder
 Thompson, V James; Boulder
 Thron, Ann L; Boulder
 Tripp, Warren I; Boulder; Louisville
 Turnbow, Joe F; Boulder
 Turvey, B Edward Jr; Boulder

Vandenberg, Joseph P; Boulder
 Vickland, James R; Longmont; Berthoud

Ward, Jonathan M; Boulder
 Waters, Robert M; Boulder
 Weber, Philip F; Boulder
 Weddel, Stephen J; Longmont
 Wherry, Harry L; Longmont
 Wherry, Patrick L; Longmont
 Whitehead, Stephen B; Boulder
 Williams, William J; Boulder
 Wilson, Don E; Longmont
 Wilson, Linda L; Denver; Boulder
 Wittenberg, Ernst; Boulder
 Wolf, Howard C; Lafayette; Longmont
 Wolfe, Roy E; Boulder; Broomfield
 Wood, Lorraine E; Boulder
 Wright, Linda C; Boulder

Yost, Byron A; Longmont
 Young, George T; Boulder

Zick, H Rolan; Boulder
 Ziolkowski, Thomas J; Longmont; Boulder

CHAFFEE COUNTY

Barkett, V Michael; Salida
 Cline, Donald W; Salida
 Fisher, H Calvin; Colorado Springs
 Kirkpatrick, Glen R; Buena Vista

Leonardi, Leo J; Salida
 Loeffel, Edwin J Jr; Buena Vista

McCallon, T Dwaine; Buena Vista
 Mehos, William G; Salida

Sandell, Thomas G; Salida
 Stampfli, Wendell P; Rochester MN

Vaughan, Robert T Jr; Buena Vista

Weber, Mark W; Salida

CLEAR CREEK VALLEY

Adams, Lief E; Thornton; Northglenn
 Adinoff, Allen D; Denver
 Adler, Kenneth G; Wheat Ridge; Lakewood
 Andrews, Francine G; Lakewood; Littleton
 Anger, Michael S; Lakewood; Aurora
 Apke, Richard J; Denver
 Augspurger, Richard R; Wheat Ridge; Lakewood
 Axtell, H Kent; Lakewood
 Ayres, Steven J; Denver

Bahlman, Steven H; Wheat Ridge; Golden
 Bane, James J; Longmont
 Barber, Donn R; Denver; Aurora
 Barcz, Dennis V; Wheat Ridge
 Barker, John S; Arvada
 Barnacle, John C; Westminster; Denver
 Barnhart, Eric D; Northglenn; Denver
 Baronberg, Neiel D; Lakewood; Denver
 Barter, Mark; Denver
 Barton, David D; Denver
 Becker, Bruce A; Lakewood; Littleton
 Berg, Dal H A; Thornton; Westminster
 Bernstein, Leonard D; Thornton
 Besch, Nicholas J Jr; Arvada
 Betson, Raymond J Jr; Denver
 Betzer, Laura K; Wheat Ridge
 Bishop, Richard P; Broomfield
 Bjork, Floyd J; Golden
 Blanchard, Thomas J; Commerce City; Northglenn
 Bourg, Wilson C III; Lakewood
 Braslow, Jonathan S; Lakewood
 Brelje, Mabel C; Lakewood
 Brenman, Steven A; Wheat Ridge
 Brown, Courtney W; Lakewood
 Brown, John T; Lakewood
 Brundige, Ralph E; Lakewood; Denver
 Brundige, Richard L; Lakewood
 Bryan, Richard Wm D; Lakewood
 Buckley, John E; Denver
 Burcar, Patricia J; Westminster

Campbell, Bernard E; Lakewood; Denver
 Campbell, Thomas P; Wheat Ridge; Denver
 Canaday, Peter G; Denver
 Carlin, Allan W; Wheat Ridge
 Carpenter, Joseph D; Lakewood
 Carter, Clinton K; Westminster; Brighton
 Caskey, Jennifer H; Denver
 Cease, James I; Northglenn; Denver
 Cedars, Chester M; Denver; Englewood
 Cerrone, Donald A; Wheat Ridge
 Chaffee, Charles B; Wheat Ridge; Denver
 Claassen, Duane A; Lakewood; Denver
 Cleveland, Henry C; Denver
 Cline, Foster W Jr; Evergreen

Coffman, Delmar L; Wheat Ridge
Cohen, Harvey M; Denver; Englewood
Cohen, Richard S; Lakewood; Denver
Cohen, Shep; Denver
Collier, Mary M; Whiteville NC
Collins, Dale W; Denver; Lakewood
Conner, Wayne L; Denver; Lakewood
Coonan, John E; Wheat Ridge; Golden
Cooper, Daniel R; Cherry Hills
Coringrato, Mario A; Lakewood
Coulter, Robert L Jr; Wheat Ridge
Cox, William F Jr; Wheat Ridge; Golden
Crawford, Gayle P; Arvada; Littleton
Cutrell, Louis M Jr; Wheat Ridge; Arvada

Dahl, Carl R; Wheat Ridge; Golden
Dahl, John H; Lakewood; Denver
Daneshbod-Skibba, Ghodsi; Arvada
Danner, Paul K; Denver; Littleton
Davis, Charles A; Wheat Ridge
Davis, I Stephen; Lakewood; Denver
Dean, Carlton M; Wheat Ridge; Golden
DeFalco, Alfred J; Wheat Ridge
Demarco, Frank J Jr; Wheat Ridge
DeSimone, Donna M; Wheat Ridge
Dickey, Gary D; Denver; Littleton
Dilorenzo, Pasquale A; Wheat Ridge; Arvada
Doig, David J; Lakewood
Doig, William L; Lakewood
Domaleski, Robert P; Wheat Ridge
Donaldson, David H; Lakewood; Wheat Ridge
Dorr, Eugene A; Wheat Ridge; Littleton
Douglas, Kenneth R; Wheat Ridge; Arvada
Doyle, Herman E; Denver
Dracon, Dan; Lakewood
Driver, Thomas F; Lakewood
Drohan, Paul S; Lakewood
Dubelman, Alan D; Thornton; Denver
Dunkin, Don E; Thornton; Brighton

Eaton, Wyley E; Arvada
Eisenbud, Eric A; Denver
Else, Edward C Jr; Lakewood
Elzi, Richard L; Denver; Golden
Erben, Ivo; Denver; Arvada
Erickson, Larry R; Lakewood
Essig, Julia A; Broomfield
Eule, John Jr; Denver
Evenson, E Harold; Wheat Ridge; Golden

Faraci, Robert P; Denver
Ferrell, John T; Denver; Westminster
Fischer, John A; Northglenn; Thornton
Fleischaker, Gordon H Jr; Wheat Ridge; Lakewood
Fleming, John A; Lakewood
Ford, John J III; Westminster
Forman, Ernest E; Denver; Lakewood
Fowler, Freeman D; Riverton WY
Freistadt, Hans; Oroville CA
Fried, Herbert I; Denver; Littleton
Friermood, Tom G; Lakewood
Fry, Thomas G; Wheat Ridge; Golden
Fujisaki, Craig K; Denver
Furman, Joseph; Golden; Lakewood

Garland, Dave T; Denver; Lakewood
Garnand, Richard B; Littleton
Gartner, Charles H; Denver
Gerber, Michael J; Wheat Ridge; Denver
Gill, John R; Wheat Ridge; Lakewood
Giorno, Ralph C; Denver
Gjellum, George R; Golden

Glismann, John D; Lakewood
Goad, Lloyd H; Golden
Goddard, William B; Lakewood; Wheat Ridge
Goff, John S; Denver
Golbert, Thomas M; Lakewood
Goldstein, Charles; Denver
Goodman, Neal; Denver; Englewood
Gordon, John D; Broomfield; Denver
Gorelik, Julia; Broomfield; Westminster
Gray, Jan L; Lakewood; Golden
Greenberg, David C; Denver
Gregory, James J; Northglenn
Grosshans, Charles L; Lakewood
Grossman, Fred; Denver; Englewood
Grover, Isabelle E; Lakewood

Hahn, Gary W; Wheat Ridge
Halfen, David P; Denver; Golden
Halley, Norman B; Westminster
Halseth, Wm L; Denver; Parker
Hammerberg, Eric K; Denver
Harris, Lowell N; Wheat Ridge; Lakewood
Harrison, Charles S; Littleton
Hartwig, Frank E; Denver
Hartzler, Janet K; Lakewood
Haynes, Robert G; Lakewood
Hemming, John G Jr; Lakewood
Henbest, Philip M; Denver
Henderson, Kenneth R; Denver; Broomfield
Herlevich, John C Jr; Westminster
Hersey, James Merrill; Golden
Higgins, Andrew G; Denver; Wheat Ridge
Hill, James R; Broomfield; Boulder
Hill, McArthur O; Wheat Ridge
Hilty, Daniel E; Wheat Ridge; Arvada
Hilty, Lydia B; Wheat Ridge
Hix, Ivan E Jr; Wheat Ridge; Golden
Hixon, Walter S; Littleton
Hogan, James L; Westminster; Longmont
Holley, Paul S; Wheat Ridge
Hollister, Elbert E; Lakewood; Evergreen
Howlett, Roger G; Arvada
Huggins, Gerald A; Denver
Hunter, Robert D; Englewood
Hutto, John M; Wheat Ridge; Lakewood

Ilvonen, Roger Paul; Denver
Iwakiri, John; Arvada

Jabour, Christy; Arvada
Jacobs, Herbert L; Denver
Jeffers, Thomas M; Arvada; Golden
Jekot, Chester B; Wheat Ridge
Jones, Arthur F; Wheat Ridge; Lakewood
Jones, Rodney H; Lakewood

Kandel, Elisabeth E; Broomfield
Kanger, William J Jr; Lakewood
Karin, Joel M; Lakewood; Denver
Karsh, Lawrence I; Denver
Kashuk, Jeffrey L; Thornton
Kassan, Stuart S; Wheat Ridge; Denver
Katchian, Azad; Wheat Ridge
Kayser, Harold L; Littleton
Kief, Jan M; Arvada
Kinzler, Dale L; Arvada
Kirkpatrick, Douglas H; Denver; Englewood
Knight, Robert A; Arvada
Konigsberg, Robert A; Arvada; Littleton
Konopka, Derek J; Denver
Kort, W Thomas; Lakewood; Littleton
Kragor, Hugh F; Westminster

Kramer, Ryan; Lakewood
Krauth, Lee E; Wheat Ridge; Evergreen
Krebs, Richard A; Wheat Ridge
Kreider, Larry W; Golden; Arvada
Kreutzer, Erik W; Lakewood; Denver
Krichbaum, Franklin M; Lakewood
Krichesky, Paul; Lakewood; Golden
Kubitschek, Wm R; Mesa AZ
Kukral, Albert J; Lakewood

Lagerborg, Vincent A; Denver
Landis, Henry; Lakewood; Denver
Langley, James W; Westminster
Laubach, Sherri J; Lakewood
Law, Dennis K; Wheat Ridge; Littleton
Law, Ronald K; Denver; Englewood
Leavitt, Timothy W; Wheat Ridge; Arvada
Lee, Robert K; Denver
Leeds, John F; Denver; Arvada
Leistikow, David C; Broomfield
Leitch, William H; Denver
Lesage, Charles H Jr; Wheat Ridge
Levine, Samuel; Lakewood
Lindauer-Gosik, Judith A; Golden; Wheat Ridge
Lindquist, Valdemar A Y; Denver
Lissauer, Werner A; Denver
Lockspeiser, Lester; Denver
Lokey, Hamilton Jr; Wheat Ridge
Lotman, Alfred C; Denver
Lowe, Thomas G; Wheat Ridge; Lakewood
Lucy, Daniel R; Wheat Ridge
Luekens, Claude A Jr; Wheat Ridge; Dillon

Mains, Charles W; Lakewood; Golden
Mangalik, Asha; Denver
Mann, James G; Denver
Markel, William R; Broomfield
Markham, Allen M Jr; Denver
Martin, Andrew J; Westminster; Broomfield
Maruyama, Herbert H; Lakewood
Maul, Herman S; Lakewood; Denver
Mayeda, Thomas K; Littleton
McCreedy, Gordon J; Wheat Ridge; Lakewood
McCreedy, Philip A; Wheat Ridge
McGee, Hugh J Jr; Wheat Ridge; Golden
McGuire, Brian M; Denver; Lakewood
McInerney, John R Jr; Golden
McIntyre, Donald O; Lakewood
Mencini, Raymond A; Denver; Aurora
Menconi, Lawrence R; Westminster; Denver
Mendez, William H; Denver
Mendoza, Carlos A; Westminster
Messenbaugh, Robert L; Wheat Ridge; Denver
Messner, Duane G; Lakewood
Meyer, Maryethel; Lakewood
Miklin, Jerry S; Wheat Ridge
Miller, Charles H; Lakewood
Miller, David C; Lakewood; Wheat Ridge
Miller, Paul D; Lakewood; Wheat Ridge
Miller, Terry D; Wheat Ridge; Arvada
Miller, William B; Lakewood
Mitcheltree, Robert G; Golden
Moncy, Ellen L; Wheat Ridge; Evergreen
Moore, Cyril S C; Denver
Moore, John B; Lakewood
Moore, Patrick T; Denver; Englewood
Morris, Dorothy L; Arvada
Moss, G Wayne; Lakewood
Moulton, Jeffrey S; Denver; Englewood
Mozia, Nelson I; Wheat Ridge; Golden
Murphy, David M; Englewood
Myers, R Douglas; Lakewood; Golden

Napoli, J Nicholas; Lakewood
Neal, Billy J; Lakewood; Wheat Ridge
Neeley, George R; Wheat Ridge; Evergreen
Netz, Howard E; Lakewood
Nibbe, Albert F; Wheat Ridge; Lakewood
Ning, Theodore C Jr; Wheat Ridge

O'Connor, J William; Lakewood; Englewood
O'Day, Fred T; Lakewood
Odom, John A Jr; Lakewood; Wheat Ridge
Okin, J Thos; Denver
Olshock, Richard; Wheat Ridge
Olson, Dennis H; Wheat Ridge; Evergreen
Olson, Robert H; Wheat Ridge; Golden
Oppenheim, Walter H; Wheat Ridge
Otsuka, Alvin L; Denver

Pacheco, Jose P; Westminster
Parker, Robert W; Littleton
Parks, Barber J; Wheat Ridge
Parry, Lynn; Lakewood; Littleton
Parry, Thomas M; Edgewater; Lakewood
Patel, Dayalji D; Thornton; Westminster
Pattridge, Mark F; Golden
Payea, Norman P II; Lakewood; Wheat Ridge
Pertcheck, Lawrence M; Denver; Englewood
Pfenninger, Mark Wm; Wheat Ridge; Evergreen
Pirch, Howard R; Denver
Platt, Kenneth A; Westminster; Denver
Potts, William E; Lakewood; Denver
Powell, Thomas T; Golden; Lakewood
Ptasnik, Michael J; Denver

Quackenbush, Kirk T; Lakewood

Radetsky, Paul; Wheat Ridge
Raetz, David A; Denver; Golden
Reich, Harvey M; Wheat Ridge
Reynard, Kenneth B; Denver; Englewood
Reynolds, Craig A; Lakewood
Rhodes, Paul H; Lakewood
Richards, Bruce C; Lakewood
Richardson, Kenneth R; Lakewood; Littleton
Richman, Lee K; Wheat Ridge; Lakewood
Rifkin, Ira; Denver; Littleton
Ritzman, Vernon D; Wheat Ridge
Roberts, Donald G; Lakewood; Golden
Robinson, Walter G Jr; Wheat Ridge
Roller, Richard J; Denver; Golden
Rose, Virgil J; Denver; Brighton
Rosenberg, Alan L; Denver
Rosenberger, Alan B; Denver; Lakewood
Ross, Michael H; Arvada; Golden
Roth, Henry J; Denver
Rowland, Charles F; Lakewood
Ruderman, Jerome H; Denver
Ryan, Donald W; Lakewood; Golden
Ryan, Michael P; Lakewood
Ryan, Sonia C; Lakewood; Golden

Saber, William L; Denver; Golden
Sadler, Dean L; Lakewood
Salzman, Emanuel; Denver
Santoro, John A Jr; Thornton; Broomfield
Sassano, Eugene; Wheat Ridge; Golden
Saunders, Daniel T; Arvada; Golden
Scanavino, David J; Wheat Ridge; Evergreen
Schafer, Larry A; Wheat Ridge; Arvada
Schmidt, Douglas R; Denver
Schneider, Donald J; Denver
Schuler, Willard D; Thornton; Westminster

Scorza, William E; Denver; Lakewood
Segall, Neil C; Thornton; Denver
Seigel, Robert S; Denver; Golden
Self, William G Jr; Westminster; Denver
Sell, Dean J; Denver
Shane, James A Jr; Lakewood
Shearer, Joseph M; Enid OK
Sherman, Leon H; Lakewood
Siegel, Gary L; Lakewood; Denver
Sikand, Gita S; Denver; Englewood
Silverberg, Stuart O; Westminster; Golden
Simon, Robert B; Arvada
Smernoff, Dean G; Denver
Smiley, John W; Denver
Smith, John P; Wheat Ridge; Golden
Smith, William E; Denver; Lakewood
Smythe, Stephanie; Broomfield; Louisville
Snyder, Murray M; Arvada; Denver
Snyder, Robert; Littleton
Sobel, John H; Thornton
Spangler, Richard D; Denver
Stabel, David E; Thornton; Westminster
Stahl, Eric J; Lakewood; Golden
Stedman, Edith L Bratton; Sarasota FL
Stedman, Wilfred D; Sarasota FL
Stevens, Wayne E; Lakewood
Stiff, Kaye L; Wheat Ridge
Stofac, Robert L; Golden; Lakewood
Storm, Thomas P; Denver; Northglenn
Straehley, Douglas J; Wheat Ridge; Arvada
Straits, B Joan; Wheat Ridge
Strauss, Stanley G; Westminster
Strickland, Darwin J; Denver
Sulzer, Allan M; Denver
Sutherland, Jesse O Jr; Denver
Svinarich, J Thomas; Denver; Westminster
Sweeney, Thomas I; Wheat Ridge; Lakewood
Sydow, Sylvia; Denver

Taravella, Michael J; Thornton; Denver
Tarkanian, Malcolm A; Arvada
Tate, Robert M; Denver
Taylor, Colin V; Lakewood
Tegtmeier, Ronald E; Golden
Tepley, Fred H; Lakewood
Thompson, James D; Wheat Ridge; Silverthorne
Thorne, John L; Lakewood
Thumim, Martin B; Lakewood; Littleton
Ting, J Karyl; Broomfield
Tralla, Michael A; Denver; Cherry Hills Village
Traylor, Frank A; Wheat Ridge
Tuerk, Kenneth; Denver

Underwood, Larry D; Wheat Ridge; Arvada

Vacanti, John J; Lakewood
Vanderschouw, H M; Leadville
Vandewater, Frank W; Lakewood
Vellman, W Peter; Wheat Ridge; Littleton
Vigor, William Jr; Wheat Ridge; Lakewood
Vogt, Terry Ray; Evergreen
VonRueden, Kurt W; Wheat Ridge
Vostinak, William J; Westminster

Waller, John A; Wheat Ridge
Weiss, Peter; Denver; Englewood
Weiss, Robert L; Arvada
Weissmann, Max L; Denver
Weston, Eugene L; Lakewood; Golden
Wheeler, Leonard; Wheat Ridge; Golden
Wheeler, Richard L; Lakewood
Whitaker, John B; Denver; Aurora

Whitesel, John A; Denver
Wicks, Jeffrey D; Denver; Evergreen
Williams, Fred O; Evergreen
Williams, J Stewart; Evergreen; Golden
Williams, John F; Arvada
Williams, Robert N; Lakewood; Denver
Willis, Murray S; Wheat Ridge
Wilson, Christopher S; Wheat Ridge; Denver
Winograd, Lawrence A; Denver
Wolf, Robert J; Lakewood; Denver
Wolfson, Robert H; Wheat Ridge; Lakewood
Wood, Robert H; Arvada; Lakewood
Woodward, John B; Wheat Ridge
Worley, Bob S; Wheat Ridge; Franktown
Wotkyns, Roger S; Wheat Ridge; Lakewood
Wright, Robert C; Denver; Westminster
Wright, W Lloyd; Golden

Yakely, M Robert; Denver; Englewood
Yanover, Melissa J; Lakewood
Yavorski, Sarah S; Denver; Aurora
Yocum, Harold A; Wheat Ridge; Golden

Ziporin, Philip; Denver
Zopf, Delvin L; Golden

CURECANTI

Abernathy, Charles M Jr; Montrose
Apling, Mark L; Naturita
Armstrong, John P; Gunnison
Auxier, Gary G; Montrose

Bachman, David C; Ouray; Ridgway
Baker, John C; Denver
Benziger, Michael J; Montrose
Brethouwer, N Robert; Montrose

Canfield, Thomas M; Montrose
Chamberlain, Thomas J; Montrose
Cole, Nicholas G; Montrose

Day, C Michael; Norwood
Dickinson, Theodore C; Montrose

Fisher, Richard C; Denver; Aurora

Guy, Reginald; Montrose

Hawley, William J; Montrose
Hopple, Lynwood M; Montrose

Ingalls, Judith; Telluride
Isgreen, John W; Montrose

Lambert, John C; Montrose
Light, Mason M; Gunnison

Manhart, Harold E; Montrose
Manhart, Richard A; Montrose
McMurren, Jay W; Gunnison
Mebane, David M; Montrose
Meyer, Ronald W; Gunnison
Meyers, J Kim; Gunnison
Motley, Robert F; Montrose

Peak, James W; Montrose

Schoo, Michael J; Montrose
Shannon, Richard D; Montrose
Simon, Frederick S; Montrose

CORECANTIC - DENVER

Singleton, Albert O III; Galveston TX
Story, Paul G; Montrose

Tarr, John S Jr; Gunnison

VanGemert, Robert J; Montrose

Wiard, Thomas D; Montrose
Wiesner, Paul D; Montrose
Wilson, Charles E; Ouray
Winkler, Louis H; Montrose
Wolfe, Daniel K; Durango
Wolkov, Jay M; Gunnison

Zen, Calvin T F; Longmont

DELTA COUNTY

Beach, Don E; Delta
Bennett, Robert J Jr; Delta
Brown, Woodrow E; Hotchkiss

Comer, Hugh T; Delta

Dysart, Richard A; Delta

Frey, Charles T; Cedaredge

Giffin, James M; Delta
Giffin, Lewis A; Delta

Hattel, Nick D; Delta
Hebert, James O III; Delta; Telluride
Hick, Lawrence L; Sheridan WY
Hoisington, William D; Paonia

Nelson, Daniel G; Delta
Nevarez, Max A Jr; Cedaredge

Padua, Steve A; Delta

Richards, Anthony; Delta
Ridgway, Don N; Paonia

Speedie, Douglas K; Delta

DENVER

Aarestad, Norman O; Denver
Abelman, Maxwell A; Denver
Abrams, Fredrick R; Aurora; Denver
Abrums, William W; Denver
Adams, William R; Denver
Adolf, Arlis M; Denver
Aikawa, Jerry K; Denver
Akers, David R; Denver
Albin, Richard E; Denver
Alexander, Martin M; Denver
Alford, William P; Denver
Allison, Olaf W; Denver
Ambler, John V; Denver
Amer, Jules; Denver
Anderl, Vernon K; Englewood
Anderson, Debra L; Denver
Anderson, Martin E; Denver
Angello, Anthony L; Denver; Englewood
Anneberg, A Lee; Denver
Appelbaum, Jerry J; Denver
Aplekar, Donald W; Denver
Aragon, Guillermo E; Denver
Arganese, Thomas J; Denver; Englewood

Armstrong, George W III; Denver
Arndt, Karl; Denver
Arnold, Charles O II; Denver
Ashe, S M Prather; Denver
Ashmun, Raymond V; Denver
Asunsolo, Leopoldo G; Denver
Atkins, Dale M; Denver
August, Neil; Denver

Baer, Sylvan B; Denver; Englewood
Bagga, Gurbakshish S; Denver
Bailey, William C; Denver; Englewood
Baines, R Dixie Jr; Denver; Littleton
Bakemeier, Richard F; Denver
Baker, Claude D; Denver; Littleton
Balkin, Gilbert; Denver
Ballinger, Carter M; Denver
Ballonoff, Larry B; Denver; Englewood

Barbato, Lewis; Denver
Barber, Edgar W; Denver
Barkin, Roger M; Denver
Barmatz, Hirsh E; Denver; Aurora
Bartee, Roy A; Denver
Barth, Robert L; Denver
Barton, M Dennis; Denver
Baughman, Jack L; Denver
Baum, Robert S; Denver
Becky, Joseph R; Denver
Bell, John D; Denver; Englewood
Bell, Robert F; Denver
Benner, Miriam C; Denver
Bennett, Willis L; Denver
Bennion, Ben W; Denver
Benson, Louise E; Broomfield
Berg, Robert N; Denver; Englewood
Berger, Elwin; Denver; Englewood
Beringer, E Duane; Honolulu HI
Berman, Edward R; Denver
Bernstein, Udell L; Denver
Bernton, J Tashof; Denver
Berris, Robert F; Denver
Bershof, Edward; Denver
Bertz, Michael W; Denver
Berzins, Ina; Denver
Bier-Laning, Carol M; Aurora
Bigelow, D Boyd; Denver
Black, William C Jr; Denver
Blair, Emil; Denver
Blair, James R; Denver
Blaney, Loren F; Denver
Bogin, Robert M; Denver; Evergreen
Bohlender, Timothy D; Denver; Westminster
Bond, Marcus B; Golden
Bondi, Raymond G; Denver
Boslough, James G; Denver
Boswick, John A Jr; Denver; Englewood
Bosworth, Robert G Jr; Denver
Botha, Eleanor; Englewood
Bowers, Abern E; Denver
Bowling, F Lee; Englewood
Bozeman, Mark F; Denver
Bradley, Robert A; Englewood
Brady, Kevin D; Denver
Bramley, Howard F; Englewood
Brantigan, Charles O; Denver
Brantner, Richard D; Aurora
Braude, Walter; Denver
Bravo, Jaime F; Denver
Breeze, Robert E; Denver
Bremers, Harold H; Denver; Englewood
Bremers, Jean M; Denver; Englewood
Bricker, John W; Denver

Briggs, Gordon W; Denver
Briney, Walter G; Denver
Bronstein, Alvin C; Denver
Broughton, Joseph O Jr; Denver
Brown, Charles W; Denver; Englewood
Brown, Robert K; Denver
Brubaker, James N; Denver
Bruck, Edward F; Lakewood; Golden
Brunko, Michael W; Denver
Bryans, William A; Wheat Ridge; Denver
Bryson, Peter D; Golden
Bub, Joan B; Denver; Englewood
Buchanan, Daniel H Jr; Denver
Buck, George R; Denver
Bumgarner, Frank E Jr; Denver
Burgess, Alan W; Denver; Englewood
Bury, Richard R; Denver; Aurora
Butterfield, D G; Denver
Butterfield, L Joseph; Denver

Cabanilla, B Rodrigo; Littleton
Callaghan, Edward E; Denver
Campbell, David N; Denver; Littleton
Campbell, Dorothy C; Lakewood
Campbell, Frank C; Denver; Englewood
Campbell, William A III; Denver
Cantu, Cesar R; Denver
Cantwell, Hendrika B; Denver; Golden
Carlson, H Blair; Denver
Carlson, Robert G; Denver
Carpenter, Craig M; Denver
Carson, Bonita S; Denver
Carson, Stanley D; Denver
Casper, Edmund; Denver
Cattell, Richard B; Denver; Golden
Cedarblade, Vincent G; Las Vegas NV
Chalus, Dennis M; Denver; Englewood
Chang, Franklin M; Denver; Littleton
Chapman, Robert G; Denver
Char, David C; Thornton; Denver
Charles, David M; Denver
Childs, Samuel B; Englewood
Chisholm, John W; Denver
Chisholm, R Neil; Denver
Choi, Susanna S; Lakewood
Christiansen, Elinor T; Englewood
Christopher, Kent L; Denver
Clark, Donald M; Denver
Clark, Lee W; Denver
Clarke, Benjamin K; Denver
Clarke, David R; Denver
Clarke, J Philip; Denver; Englewood
Clarke, Theodore J; Denver
Clayton, Mack L; Denver
Clifford, Dennis P; Wheat Ridge; Golden
Clifford, John H; Denver; Englewood
Clifton, Guy D; Denver
Cochran, John H Jr; Denver
Cochrane, David R; Denver; Englewood
Cohen, Edmond F; Scottsdale AZ
Cohen, R Robert; Aurora
Coleman, Thomas H; Denver
Condon, William B; Denver
Cone, Ross B; Denver
Conyers, David J; Denver
Coogan, Mary A; Denver
Cook, Philip S; Denver
Cook, William R; Denver
Cooper, Theodore A; Denver
Coppinger, William R; Virginia Beach VA
Cosby, Michael P; Denver
Cotton, Ralph L; Wheat Ridge; Denver

- Coulter, Vicki L; Golden
 Cowen, Homer C; Denver
 Cox, W William A; Denver
 Craddock, Lane D; Denver
 Craigmile, Thomas K; Denver
 Crane, Hal S; Denver
 Cregger, Irby E; Denver
 Crockett, Emily B; Lakewood
 Cromer, Roy; Golden
 Crosby, James A; Denver
 Cullen, Richard C; Aurora
 Cundy, Richard L; Denver
 Cunningham, R Ray; Jackson WY
 Curfman, George H Jr; Denver
 Curry, Marcia F; Denver
- Dafeo, Charles A; Denver
 Daniel, William E; Denver; Englewood
 Daniels, Bernard T; Greeley
 Davis, John K III; Denver
 Day, L Dorine; Denver
 deCampo, Rosina E; Denver; Littleton
 deCampo, Teruel; Denver; Littleton
 Delauro, John E; Aurora; Denver
 Demong, Charles V; Denver
 Dempsey, Edward C; Denver
 Dennis, Douglas A; Denver; Golden
 Denst, John; Denver
 Dickey, William C; Denver; Morrison
 Dickman, Paul A; Denver
 Dickson, Ann T; Denver
 Dilts, Stephen L; Denver; Lakewood
 Dinerman, Norman; Denver
 Dix, Corinne R; Denver
 Dobos, Emeric I; Denver
 Donovan, Edward J; Denver
 Doster, Mildred E; Denver
 Downs, David A; Denver
 Dragoo, Robert A; Wheat Ridge; Aurora
 Drake, Frank R Sr; Denver
 Dreyfuss, Bruce J; Denver
 Drury, Lawrence R; Denver; Evergreen
 Dubin, Frank I; Denver
 Duman, Louis J; Denver
 Duman, Sidney; Denver
 duRoy, Robert M; Rancho Mirage CA
 Duvail, John A; Denver
- Eakins, Roger F; Denver
 Earley, William C; Denver; Parker
 Eccles, Ralph P; Denver; Golden
 Echternacht, Fred J; Aurora
 Eck, Frederick J Jr; Vail
 Eckhoff, Donald G; Denver
 Eckhout, Gifford V; Denver
 Edwards, John A; Denver; Englewood
 Edwards, John E; Denver
 Eickhoff, Theodore C; Denver; Littleton
 Eiert, Robert E; Denver; Littleton
 Eiseman, Ben; Denver; Englewood
 Eller, Jimmie L; Denver; Aurora
 Elles, Mark E; Denver; Aurora
 Elliott, Donald P; Denver
 Elliott, Jeffrey L; Denver
 Ellis, James H Jr; Denver; Englewood
 Elzi, Ernest P; Denver
 Emmons, Lawrence L; Denver
 Emrie, Philip A; Denver
 Engel, Stephen; Denver
 Engel, Tibor; Denver
 Ervin, Don L; Denver; Evergreen
 Espey, William M; Denver
- Evans, William Thomas; Denver; Littleton
- Falliers, Constantine J; Denver; Englewood
 Farinholt, Jon W; Aurora; Englewood
 Faris, Tancus D; Denver; Golden
 Farrin, John C; Golden
 Faseehuddin, Mohammed; Denver
 Fenoglio, Michael; Denver
 Ferguson, Stuart R; Denver
 Ferlic, Donald C; Denver
 Ferriss, David M Jr; Denver
 Fieger, Henry G Jr; Denver
 Fieman, Robert J; Denver
 Fieman, Sidney H; Denver
 Fineman, Bruce G; Denver
 Fink, Donald W; Denver; Englewood
 Fink, Kyle M; Denver
 Fischer, Javier A; Denver
 Fishman, Paul J; Denver
 Flanigan, Richard J; Denver
 Flax, Leo J; Denver
 Fletcher, Christopher S; Littleton
 Fliegelman, Martin J; Denver; Englewood
 Foley, Thomas H; Denver; Englewood
 Forstot, S Lance; Littleton; Denver
 Foster, Sydney; Englewood
 Foust, G T Jim Sr; Denver
 Foust, Glenn T III; Denver
 Fralick, E Howard; Denver
 Frangos, Pete G; Denver
 Frank, Michael S B; Denver
 Frankenburger, Louise B; Denver
 Franz, Elmer M; Englewood
 Fredericks, Charles E; Colorado Springs
 Freed, Charles G; Denver
 Freed, Charles R; Denver
 Freedman, Marshall A; Denver
 Freedman, Walter L; Denver
 Freeman, Jerry A; Littleton
 Freeman, Joseph W; Springhill FL
 Freeman, Leonard; Denver
 Frey, Henry; Denver
 Friedland, Joseph D; San Diego CA
 Friedman, H Harold; Denver
 Friedman, Verner; Denver
 Fajaros, Andrew J Jr; Denver
 Fujisaki, Charles K; Denver
 Fuller, William E; Denver
 Fury, Dianna L; Denver
- Gabow, Patricia A; Denver
 Galloway, Frederick M; Denver; Lakewood
 Galloway, W Ben; Denver; Aurora
 Gamble, William E; Denver; Littleton
 Garbe, Richard C; Denver
 Garcia, F A; Denver
 Gardner, Joseph H; Evergreen
 Gargan, Thomas J III; Denver; Englewood
 Garlick, Ivor; Denver
 Garner, Frank L; Denver
 Gelfand, Daniel E; Denver
 Geller, I Benjamin; Denver
 Gerdes, Kendall A; Denver
 Germer, Nancy J; Lakewood
 Gibbs, Charles P; Denver; Englewood
 Gibson, James D; Evergreen; Indian Hills
 Gilman, Harold E; Rancho Mirage CA
 Gilman, James I; Denver
 Giltner, James B; Denver
 Ginsburg, Max M; Denver
 Ginsburg, Stanley H; Denver
 Gipson, Bernard F Jr; Denver
- Gipson, Bernard F Sr; Denver
 Glassburn, Alba R Jr; Denver
 Glasser, Richard H; Denver
 Godfrey, Clarke C II; Denver
 Goggans, Walter H; Denver
 Goin, Donald W; Denver
 Goldson, Edward; Denver
 Goldstein, Daniel A; Denver
 Goldstein, Joel H; Denver; Englewood
 Goldstein, Stephen A; Englewood; Aurora
 Golitz, Loren E; Denver; Aurora
 Gomer, Lori M; Broomfield
 Goodman, Reid A; Denver; Englewood
 Gore, Robert B; Denver
 Gorishek, Frank J; Denver
 Gottesfeld, Ray L; Denver
 Gottesfeld, Stuart A; Denver
 Gramowski, Thomas W; Denver; Lakewood
 Green, Thomas F Jr; Denver
 Greenberg, Roger; Denver
 Greenhalgh, Charles R; Denver
 Greer, Joseph C; Denver
 Grey, Leslie; Denver
 Griest, Deborah J; Denver
 Griffin, John G; Denver
 Griffiths, Leonard L III; Denver
 Grogan, John M; Denver; Englewood
 Grow, John B Jr; Denver
 Grow, John B Sr; Denver
 Guerra, Frank; Englewood
 Gurley, William D; Denver
 Gussman, Debra; Denver
- Haase, Gerald M; Denver; Englewood
 Haley, A Thomas; Castle Rock
 Haley, Patrick D; Denver
 Halgrimson, Charles G; Denver
 Halgrimson, Michael J; Lakewood
 Hall, Alan H; Denver; Aurora
 Hall, Michael L; Denver
 Hamilton, Richard; Denver
 Hamlin, Charles; Denver
 Hammer, Raymond W; Litchfield Pk AZ
 Hannum, John N; Denver
 Hansen, Lowell H; Denver
 Happer, Ian M; Denver
 Hardy, Ronald G Jr; Denver
 Harken, Alden H; Denver; Littleton
 Harris, James A; Lakewood
 Hartshorn, Duane O; Denver; Grand Junction
 Harvey, Duval E; Denver
 Harvey, Richard L; Aurora
 Harvey, Robert P; Denver
 Hashimoto, Christine; Denver
 Haughton, Kevin M; Denver
 Haun, William E; Denver; Englewood
 Hausmann, Gertrude S; Denver
 Hawes, Charles R; Denver; Littleton
 Hazel, Woodrow S; Denver
 Hedberg, John; Denver
 Heinz, Stephen M; Denver
 Heisterkamp, David V; Denver
 Heller, Arnold; Denver
 Heller, Eugene; Denver
 Hendee, Robert W Jr; Denver
 Henry, Raymond W; Denver
 Hepner, Harold J; Denver; Englewood
 Herman, James R; Denver
 Hermann, Gilbert; Denver
 Herndon, Cynthia G; Denver
 Hess, Gary W; Denver
 Higbee, Daniel R; Denver

Hileman, Lyle S; Denver
 Hilton, Robert J; Denver
 Hines, William L; Denver
 Hirose, Hideo; Wheat Ridge; Golden
 Hlavaty, Vaclav; Thornton; Denver
 Hoch, Peter C; Denver
 Hodges, W Jeff; Denver; Golden
 Hoffenberg, Stephen R; Denver; Lakewood
 Hoffman, Murray S; Denver
 Hoffmann, Mark F; Denver
 Hofsess, Donald W; Denver
 Holmes, James C; Denver
 Holt, G Waltermann; Bow Mar
 Holt, Steve A III; Denver; Lakewood
 Hopeman, Alan R; Denver
 Hopf, Timothy R; Denver
 Horsky, Brooke; Denver
 Houlton, William G; Denver
 Hovland, Kenneth R; Denver
 Hoyt, Charles G; Littleton
 Hrdlicka, Jan; Arvada
 Hughes, Robert H; Denver; Aurora
 Humm, John J; Aurora
 Humphreys, John A; Denver; Englewood
 Humphries, Jesse H; Denver
 Hunt, Theodore C; Denver
 Hurst, Allan; Santa Fe NM
 Huston, Jeffrey D; Denver; Littleton
 Hutchison, David E; Denver
 Hutchison, James E; Denver
 Hyman, Michael P; Denver

Imber, Richard J; Denver
 Inkret, William Jr; Denver
 Ippen, Gregory A; Denver
 Iriye, Craig A; Denver
 Iskander, Laurice; Aurora; Littleton

Jackson, William E; Denver
 Jacobs, Alexander; Denver
 Jacobs, James S; Denver
 Jacques, Thomas F; Denver
 James, Albert E; Denver
 James, Penelope C; Denver
 Jamison, Jacqueline H; Denver
 Jamroz, Brandt A; Denver
 Janowski, Robert R; Denver
 Jantz, Richard D; Denver
 Jardine, Robert L; Denver
 Jared, Roy A II; Denver
 Jennings, R Lee; Denver; Englewood
 Jensen, Joseph S; Denver
 Johnson, Kent E; Denver; Englewood
 Johnson, Marvin E; Carmichael CA
 Johnson, Melvin A; Denver
 Johnson, R Reed; Denver; Littleton
 Johnson, Roger F; Denver
 Johnson, Stephen D; Denver; Golden
 Johnston, Robert P; Aurora
 Jones, Everette G; Denver; Golden
 Jones, George D; Denver; Lakewood

Kadler, Karen M; Denver; Golden
 Kahn, Kenneth A; Denver; Boulder
 Kail, Thomas J; Denver
 Kandel, George E; Denver; Littleton
 Kane, Francis C; Laguna Hills CA
 Kano, Jane S; Denver
 Kaplan, Herbert; Denver
 Kaplan, Max; Denver
 Kaplan, Morris; San Diego CA
 Karel, James L; Denver; Wheat Ridge

Kauvar, Abraham J; Denver
 Kauvar, Kenneth B; Denver
 Keats, William K; Denver
 Keener, Carl L; Denver
 Keener, William H; Denver
 Keiser, Alvin F; Sun City AZ
 Kelble, David L; Denver; Evergreen
 Kem, M Richard; Denver; Englewood
 Kennedy, L James Jr; Denver
 Kennedy, Thomas J; Englewood
 Kennedy, Timothy C; Denver
 Kennison, Herbert B Jr; Denver
 Kennison, Warren S; Denver; Golden
 Kent, Emma M; Lakewood
 Kerr, Clark M; Denver
 Kiernan, R Martin; Denver; Mounment
 Kim, Joon-Whee; Aurora; Englewood
 King, Talmadge E Jr; Denver; Aurora
 Kinzie, Jeannie J; Denver; Evergreen
 Klein, Russell C; Golden
 Klenk, Eugene L; Denver
 Klingensmith, William C; Denver; Englewood
 Kluck, Clarence J; Englewood
 Kobayashi, Thomas K; Denver
 Kosmicki, Patrick W; Denver; Englewood
 Kovarik, Joseph L; Englewood
 Kramish, David; Denver
 Krekorian, Edmund A; Denver; Aurora
 Kurland, Stanley K; Denver
 Kurowski, J L (Jim); Denver

Lacy, George M; Denver; Englewood
 Lahey, Duane D; Denver
 Lampe, John M; Denver
 Lang, Carol L; Aurora
 Langendoerfer, Sharon I; Denver
 Lasater, Gene M; Denver; Englewood
 Lauer, James W; Denver
 Leder, Eric H; Denver; Englewood
 Leder, Max M; Denver
 Leder, Robert; Denver; Englewood
 Lefkowitz, Donald J; Denver
 Leidholt, John D; Denver
 Leight, Harold C; Denver
 Lemon, John C; Aurora; Englewood
 Leo, Jan E; Denver
 Lepoff, Ronald B; Denver
 Lesznik, George R; Denver
 Levisohn, Leonard W; Denver
 Levitt, Peter W; Denver
 Lewis, David A; Denver
 Lewis, Evan L; Denver
 Lewis, Leonard A; Miami FL; Coral Gables FL
 Lewis, Philip L; Denver
 Lienert, R Eugene; Denver; Englewood
 Lightburn, John L; Denver; Golden
 Lillehei, Kevin O; Denver
 Lindberg, James P; Denver; Golden
 Linder, Robert O; Aurora
 Lipan, Edward M; Denver; Englewood
 Lipscomb, William R; Tucson AZ
 List, James E; Denver; Littleton
 Litvak, John; Denver
 Livingston, Wallace H; Denver
 Locketz, Harold D; Denver
 Loeffler, Robert D; Denver
 Lombardi, James C; Englewood; Denver
 London, Scott F; Denver
 Longwell, Freeman H; Denver
 Lowell, David H; Denver; Englewood
 Lubchenco, Lula O; Denver
 Lubchenco, Michael A; Denver

Lucas, John L; Denver; Littleton

MacCarter, Daryl K; Denver
 Mack, Marjorie A; Aurora
 Mack, Robert P; Denver
 MacMillan, Hugh A; Denver
 Macomber, Douglas W; Denver
 Madan, Veena; Denver
 Madison, Bruce A; Denver
 Maestas, Gilbert B; Denver
 Mahony, Thomas H Jr; Denver
 Major, Francis J; Denver; Englewood
 Major, Joseph J; Denver; Englewood
 Malowney, Robert C; Englewood
 Manart, Frank D; Denver
 Mandel, Mickey J; Denver; Englewood
 Manke, William F; Denver; Englewood
 Maresh, Gerald S; Englewood
 Markson, Jay A; Denver
 Martinelli, Lawrence P; Denver
 Martinez-Frontanilla, Luis A; Denver
 Marx, Johann R; Denver
 Mason, Ulysses G III; Denver
 Massa, Emil J; Denver
 Mateskon, Charles A; Denver
 Matthews, Frank D; Denver
 Maul, Kester V; Denver
 Maytum, Helen E; Denver
 McCafferty, Bonnie; Denver
 McCartney, Robert D; Denver
 McCaughey, Paul T; Denver
 McCaw, William W Jr; Denver
 McCleary, Edward L; Denver
 McClintock, Homer G; Denver
 McCrory, Charles B; Brighton
 McCroskey, Brian L; Denver
 McCurdy, Robert E; Denver
 McDaniel, Janice R; Grand Junction
 McDonald, Roderick J Jr; Denver; Littleton
 McDonough, Gilbert L; Denver
 McDowell, Marion E; Denver
 McDuffie, Robert S; Denver
 McElfatrick, Robert A; Denver
 McElhinney, James P; Denver
 McFee, John G; Denver
 McGill, Joseph J; Denver
 McGlone, Frank B; Denver; Littleton
 McKenna, Robert L; Denver
 McKinnon, Douglas A; Denver
 McMahon, B Thomas; Denver
 McMillan, Michael J; Highlands Ranch
 McMillin, Kim I; Denver; Englewood
 Mead, Alexander; Denver
 Meagher, David P Jr; Denver; Golden
 Mehta, Sunder J; Denver; Englewood
 Meister, Edward J; Denver
 Melinkovich, Paul; Denver; Evergreen
 Mendenhall, John C; Denver
 Menhusen, Monty J; Denver
 Merrick, Thomas A; Denver
 Mestas, T Robert; Denver; Englewood
 Metzger, James R; Boulder
 Meyers, Barry E; Denver
 Meza, Felix; Denver
 Michalek, Michael; Denver
 Miller, Alvin P; Denver
 Miller, Edward S; Denver
 Miller, Gerald M; Denver
 Milzer, Gary S; Aurora; Englewood
 Minsky, Joan E; Denver
 Minton, Douglas G; Denver
 Minzer, Eugene R; Denver

Miotto, Karen A; Denver
 Mitchel, Duane H; Denver
 Mitchell, Roger S; Denver
 Moehring, Roswitha; Denver
 Mokrohisky, Stefan T; Denver
 Moldauer, Leslie; Denver
 Molk, Leizer; Denver
 Momii, Dick D; Denver
 Monsour, James W; Denver
 Montana, Margaret A; Denver
 Moon, Arlie L; Yucaipa CA
 Moon, William A Jr; Denver
 Moore, Ernest E Jr; Denver
 Moore, George E; Denver; Conifer
 Moore, Michael L; Denver; Englewood
 Moorman, Lemuel T; Denver
 Morrell, Don L; Denver
 Moser, Barbara E; Lakewood
 Mosko, Joel; Denver
 Mubarak, Asa'ad A; Wheat Ridge; Englewood
 Mueller, Ferdinand Jr; Denver
 Mueller, John F; Denver
 Muftic, Michael; Denver
 Muir, Bennett W; Parker
 Murahata, Sue A; Denver
 Murphy, Daniel S; Denver
 Murr, Peter C; Denver
 Murray, Ives P; Denver
 Musman, David J; Englewood
 Mutz, Austin; Denver
 Myers, Carl B; Denver

Narrod, James A; Denver
 Nelson, J Phillip; Denver; Watkins
 Nelson, John M; Denver
 Nelson, Marvin C; Denver
 Nelson, Nancy E; Denver
 Nelson, William R; Denver
 Newman, Lee S; Denver
 Newman, Samuel P; Lakewood
 Nichalson, Stephen S; Lakewood; Littleton
 Nieland, Leo J; Denver
 Noda, Albert Y; Denver
 Norton, John T; Denver; Parker
 Nye, John R; Denver
 Nygaard, Airell L; Denver

O'Brian, Charles R; Denver
 O'Donnell, Richard S; Denver; Englewood
 O'Loughlin, Edward P; Denver; Aurora
 Ogsbury, James S; Wheat Ridge; Littleton
 Ogura, George I; Denver
 Oliphant, Manford M Jr; Denver; Littleton
 Olsen, Eric B; Denver
 Onat, Maurine; Denver; Englewood
 Opegard, Charles R; Englewood; Denver
 Orsborn, George E Jr; Denver; Wheat Ridge
 Overett, Thomas K; Denver
 Overy, Hugh R; Denver
 Owens, J Cuthbert; Denver; Englewood
 Oxman, Albert C; Denver
 Ozamoto, Isamu; Denver

Page, Doris A; Denver
 Paley, Aaron; Denver
 Palmer, Harold D; Sedona AZ
 Panter, Edward G; Denver
 Panter, Kent W; Denver
 Papenfus, Kurt F; Denver; Golden
 Pappas, George; Denver; Littleton
 Pardos, George J; Denver
 Parker, Richard K; Denver

Parkinson, Wendy M; Denver
 Parsons, Donald W; Denver; Littleton
 Pash, Robert; Denver
 Patten, Albert M; Denver
 Patterson, Joseph H; Denver; Englewood
 Pear, Bert Lincoln; Denver
 Peck, Mordant E; Denver
 Peck, Sanford D; Denver
 Penix, Lex L; Denver
 Pensack, Robert J; Denver
 Perreten, Frank A; Denver
 Petersen, Gordon W; Denver
 Peterson, Edwin W; Denver
 Peterson, Norman E; Denver; Aurora
 Petty, Stephen T; Denver
 Petty, Thomas L; Denver
 Phillips, Robert G; Denver
 Philpott, Ivan W; Denver
 Philpott, Osgoode S; Denver
 Philpott, Osgoode S Jr; Denver; Englewood
 Piccone, Anthony D; Denver
 Ping, Donald W; Denver
 Pizzo, Christopher J; Denver
 Platt, Frederic W; Denver
 Plaus, William J; Denver
 Plunkett, Larry M; Denver
 Pluss, William T; Denver
 Pons, Peter T; Denver
 Poppert, Dale L; Denver
 Porreco, Richard P; Denver; Golden
 Poulsom, Edwin D; Denver
 Pratt, Elmer B; Littleton
 Prenzla, Werner S; Denver
 Prevedel, Arthur E; Denver
 Prinzing, J Fredric Jr; Denver
 Prochoda, Karyn P; Denver
 Propp, John G; Denver

Quintero, Peter S; Denver

Raattama, Ruth J; Denver
 Rabin, Ronald A; Denver
 Rademacher, Raymond J; Denver
 Rainer, W Gerald; Denver
 Rainer, William G Jr; Denver
 Ramo, Leon; Denver
 Rangell, Nelson; Denver
 Rapaport, Alan M; Denver
 Ratcliff, Ralph G; Denver
 Ratzer, Erick R; Denver; Littleton
 Ravin, Rose S; Denver
 Reckler, Sidney M; Denver
 Reed, Barbara R; Denver; Englewood
 Reed, Thomas A; Denver
 Regan, James R; Denver
 Reimers, Wilbur L; Denver
 Reiquam, C W; Denver; Lakewood
 Repsher, Lawrence H; Wheat Ridge
 Rest, Arthur; Denver
 Restivo, Jack L; Denver
 Retallack, Louis L; Denver
 Reynders, Michel A; Denver
 Rhodes, Edward A; Denver; Englewood
 Richardson, David L; Denver
 Richardson, J William; Denver
 Richer, Michaleen; Denver
 Rider, Mitchell B; Denver
 Riegel, Cynthia A; Denver
 Riley, Conrad M; Denver
 Roberts, Donald M; Denver
 Roger, Sheldon; Denver; Englewood
 Roos, David B; Denver; Littleton

Roos, Edith E; Denver; Littleton
 Rosen, Peter; Denver
 Rosen, Reuven E; Denver
 Rosenberg, Jonas S; Denver
 Ross, Michael C; Denver
 Rothman, David; Denver
 Rowley, Mark C; Denver
 Ruddy, John R; Denver
 Rumack, Barry H; Denver; Littleton
 Russell, Ruth K; Henderson
 Ryan, Steven J; Denver
 Rymer, Charles A; Denver

Sable, Aaron W; Denver
 Sadler, John E Jr; Denver
 Sadler, Theodore R Jr; Denver
 Safford, H R III; Denver; Englewood
 Samuelson, Stephen A; Denver
 Sanders, Barbara J P; Denver; Englewood
 Sanders, Richard J; Denver; Englewood
 Sanidas, John D; Denver
 Sarche', Michael A; Denver
 Sartorio, Ernest Jr; Denver
 Sawyer, Joanna D; Denver
 Sawyer, Robert B; Denver
 Sbarbaro, John A; Denver
 Schemmel, Janet E; Denver
 Schick, Walter R; Denver
 Schmitt, Oscar J; Denver
 Schneider, Dieter W; Denver
 Schneider, William A; Denver; Englewood
 Schocket, Alan L; Denver
 Schonebaum, Robert M; Englewood
 Schoonmaker, Fred W; Denver
 Schreck, Walter R; Denver
 Schrier, Robert W; Denver; Englewood
 Schwappach, John R; Denver
 Scott, Francis A; Denver; Englewood
 Scott, Sarah K; Denver
 Scott, Stephen C; Denver
 Sederberg, James; Denver
 Shander, David; Denver
 Shattuck, Robert C; Littleton
 Shealy, Stephen H; Littleton
 Sherbok, Bernard C; Denver
 Sheridan, E Paul; Denver
 Sherman, Joseph H; Scottsdale AZ
 Shidler, Elmore J; Denver
 Shields, Lloyd V; Denver
 Shipman, Karl H; Denver
 Shira, James E; Denver; Englewood
 Shulruff, Steven M; Denver
 Shwayder, Aaron J; Denver
 Shwayder, Montimore C; Denver
 Sides, Leroy J; Denver
 Sievers, Timothy M; Denver
 Sigler, Cynthia J; Denver
 Simon, John S; Denver
 Skeehan, Raymond A Jr; Denver
 Slagle, DeRoy W H; Pasadena CA
 Slonim, N Balfour; Denver
 Smail, W Carlyle Jr; Denver; Englewood
 Smith, Brian R; Denver
 Smith, Edwin R; Denver; Englewood
 Smith, Elwin A; Denver; Littleton
 Smith, Richard H; Denver
 Smyth, Charley J; Denver
 Snider, Bernard H; Denver
 Snively, Steven L; Denver; Littleton
 Snyder, Joseph; Denver
 Solano, Mark D; Denver
 Sophocles, Aris M Jr; Denver

DIRECT CMS MEMBER

Sorkin, Marc J; Denver
Spatt, Peter D; Denver
Spees, Alan J; Denver; Littleton
Spees, Everett K Jr; Denver
Spencer, J Robert; Aurora
Spivey, Danton B; Denver
Spurck, Robert P; Denver; Littleton
Stahlgren, LeRoy H; Denver
Stanfield, Clyde; Denver
Stanton, Robert P; Northglenn; Denver
Stark, Meritt W; Las Cruces NM
Starr, Arthur G; Denver
Starr, Robert R; Denver
Steele, Brandt F; Denver
Steele, Peter P; Denver
Steiner, Eric L; Denver
Steiner, Jane C; Denver
Stephenson, Philip L; Wichita Falls TX
Stetler, Deborah J; Denver; Lafayette
Stevens, Sydney L; Littleton
Stewart, Robert J; Denver
Stigler, Del; Denver
Stokes, Michael F; Denver; Littleton
Stonington, Oliver G; Breckenridge
Strain, James E; Elk Grove Village IL; Prospect Hts
IL
Strand, Melford L; Denver; Englewood
Stuver-Webster, Edna L; Denver
Sullivan, Lawrence P; Denver
Sullivan, Neil F; Denver
Sullivan, Terrance J; Denver
Sunderland, Karl F; Denver
Susman, Morris H; Denver
Sutton, Paul; Denver
Swets, Edward J; Denver
Sykes, William M; Denver; Golden
Szczukowski, Lorna; Denver

Taguchi, James T; Denver; Littleton
Takeno, M George; Englewood
Talbot, Richard D; Denver
Talley, Richard W; Littleton
Tannenbaum, Philip D; Denver
Tarlle, Anschel; Englewood
Taylor, E Stewart; Denver
Teitelbaum, Daniel T; Denver
Temple, Donald R; Denver; Englewood
Terry, David M; Denver
Tharp, James A; Denver; Littleton
Thatcher, George W; Olympia WA
Thilo, Elizabeth H; Denver
Thomas, Herbert J III; Lakewood; Denver
Thomason, Hubert H Jr; Denver
Thomason, Laura M; Denver
Thomasson, George O; Englewood; Highlands
Ranch
Thompson, Horace E; Shreveport LA
Thompson, Rollin L; Denver; Englewood
Thompson, Stephen D; Wheat Ridge; Arvada
Tiu, Celsa T; Denver
Tobin, Peter L; Denver
Toll, Giles D; Denver
Toll, Henry W Jr; Denver
Tolley, Russell C; Denver
Towbin, Milton N; Denver
Traina, Steven M; Denver
Tramutt, H Michael; Westminster; Arvada
Treihalt, Marc M; Denver
Tubergen, David G; Denver
Tucker, Warren W; Denver
Tuft, Harold S; Denver
Twombly, George C Jr; Denver; Englewood

Tyor, Joseph C; Denver
Tyrrell, Pamela F; Denver

Ugale, Janice J; Denver; Englewood

Valentine, John D; Denver
VandePolder, Jean A; Denver
VanPelt, David C; Denver
Vargas, Peter A; Denver
Velkoff, Michele A; Denver
Vernon, Thomas M Jr; Denver
Verploeg, Ralph H; Denver
Vest, Walter E Jr; Denver
Victoroff, Michael S; Aurora; Broomfield
Vigoda, Philip S; Denver; Englewood
Vijay, Nampalli K; Denver; Englewood
Vincent, Thomas N; Denver; Englewood
Virtue, Robert W; Denver
Vogel, Harold B; Denver
vonGunten, Charles F; Denver; Empire
VonRueden, Robert K; Denver; Littleton
Voss, Mark A; Denver

Wade, Michael G; Denver
Waggener, H U; Denver
Wagschal, Rolf; Denver
Wahl, David L; Venice FL
Waite, H Dennis; Denver; Littleton
Waldbaum, Arthur S; Denver
Walker, E Lance; Denver; Littleton
Walker, Louise D Converse; Denver
Wall, Robert E; Denver
Warmath, William T; Denver
Warren, George H II; Denver
Warren, Herrick S; Wheat Ridge; Denver
Way, Kenneth E; Denver
Wayne, Eli R; Denver; Englewood
Weatherley-White, Roy C A; Denver
Weaver, Marlin E; Denver
Weaver, Robert H; Denver; Golden
Weiker, Justin; Denver
Weisbrod, Dennis M; Denver; Englewood
Weiss, Stanley S; Denver; Englewood
Weissler, Arnold M; Denver
Weltman, Delbert M; Denver; Lakewood
Wenzel, Wayne W; Denver
Wertz, George F; Denver
Wester, Robert J; Denver
Westerlund, Margaret E; Denver
Wexler, Paul; Aurora; Littleton
Wheelock, Seymour E; Denver
Wherry, Franklin P; Lincoln City OR
Whistler, Carl W; Denver
White, Madeline J; Denver
Wiggs, Eugene O; Denver
Wilcox, George D III; Denver
Wiley, Hugh S; Denver; Englewood
Wilkins, John P; Denver
Wilkins, Ross M; Denver; Golden
Willett, Allan B; Denver
Williams, Derek W; Aurora; Englewood
Williams, Edwin T; Denver
Robert P Waldmann.; Denver
Williamson, John W; Denver
Wilson, Robert E; Denver
Wilson, William B Jr; Denver; Littleton
Wilson, William H; Denver
Wingle, Virginia; Denver
Witten, Julia S; Littleton
Wolf, Phillip S; Denver
Wolff, James N; Englewood
Wollgast, George F; Englewood

Wong, David A; Denver; Golden
Woodard, W Donald; Denver
Woodruff, Robert; Denver
Woodward, James M Jr; Denver; Englewood
Wright, Brent D; Denver
Wright, Richard A; Denver
Wurtzebach, Lorenz R; Lakewood

Yarnell, Philip R; Denver; Englewood
Yen, William T; Thornton
Yost, John F; Aurora; Parker
Yost, Raymond V; Denver; Aurora
Young, David H; Denver; Englewood
Young, John R; Denver

Zarlengo, Frank N; Denver
Zarlengo, Gerald V; Denver
Zbylski, Joseph R; Denver; Englewood
Zelkind, Donald R; Denver
Ziegler, William L; Denver
Zimmer, Alexander H; Englewood; Denver
Zimmerman, Marlene S; Denver
Zuckerman, Gerald H; Denver
Zuckerman, Hyman S; Denver

DIRECT CMS MEMBER

Anthony, Ward R; Wheat Ridge
Axelrod, Stephen L; Denver

Barber, Frank E; Denver
Barchiesi, Barbara J; Denver
Basala, Marylu; Denver
Benedict, Claudia K; Denver
Bissell, John; Denver
Bolton, Barbara; Denver
Borkert, Daniel T; Lakewood; Denver
Bost, Thomas W; Denver
Brennan, Michael W; Denver
Brodie, Steven K; Denver
Brown, Michael L; Denver
Burningham, Mark D; Denver
Bush, Roger A; Denver; Evergreen
Bushman, Satya V; Loveland

Caltrider, Nieca D; Colorado Springs
Cannavo, Laura A; Denver
Carpenter, David E; Wheat Ridge; Arvada
Cary, Margaret A; Denver
Castillo, Carolyn M; Aurora
Chandler, Earl L; Wheat Ridge
Chao, Calvin; Aurora
Chapman, Dane M; Denver; Littleton
Chittum, Mark E; Colorado Springs
Clark, Darrel C; Grand Junction
Clark, Darrel Christian; Grand Junction
Clark, Douglas P; Colorado Springs; Monument
Conrad, Lily C A; Idaho Springs
Cox, H David Jr; Denver; Englewood
Coyer, David D; Denver; Aurora
Cusick, James M; Denver

DeBiose, David A; Denver
DeByle, David S; Denver
Dengler, Denette J; Denver
Dietel, David H; Grand Junction
Dixon, Robert J; Denver; Fort Collins
Dobbs, Aubrey R; Denver
Drake, Thomas R; Denver
Duke, William F; Grand Junction
Dunlop, Gentry R Jr; Denver

Eastman, Joseph R; Denver
 Ecklund, Steve R; Denver
 Ehrlich, Alan J; Denver; Boulder
 England, Jack D; Aurora; Sedalia
 Evenson, Jeffery M; Aurora

Fitzmaurice, Kevin J; Denver
 Frank, Mark N; Denver; Boulder
 Furlong, N Kenneth; Denver; Arvada

Gage, R Wayne; Colorado Springs
 Gannuch, Garret M; Denver
 Garrow, George C; Aurora
 Gerrard-Gough, Brodie; Colorado Springs; Falcon
 Glassman, Michael H; Denver; Aurora
 Gonzalez, David M; Littleton
 Gordon, Irit W; Aurora; Denver
 Gottlieb, Thomas B; Arvada
 Graham, Rebecca S; Denver
 Gray, John S; Aurora
 Guza, Diana J; Aurora

Halperin, Lisa F; Denver; Boulder
 Hammond, R Scott; Westminster; Evergreen
 Harrison, Kenneth D; Colorado Springs
 Harrison, Martin R; Golden
 Headrick, Ann C; Denver
 Henderson, Nancy L; Denver
 Hill, Douglas M; Thornton; Morrison
 Hodges, Kathleen A; Denver
 Hoeckel, Ernest J Jr; Denver
 Hoffman, Richard E; Denver; Golden
 Hoffman, Richard S; Denver
 Hogle, Gregory A; Denver
 Hoke, Timothy E; Colorado Springs
 Holman, Andrew J; Denver
 Hornbaker, Charles L; Colorado Springs
 Howell, Kathryn T; Denver
 Hudgens, Nancy E; Denver
 Huffaker, Richard C; Grand Junction
 Hunt, Delwin M; Aurora

Illige-Saucier, Martha; Denver

Jackson, Robert B; Denver
 Johnson, F Bing; Grand Junction
 Johnson, Warren T; Putnam CT

Kane, Gregory A; Denver; Littleton
 Kanowitz, Arthur; Denver; Englewood
 Kantor, Robert S; Denver
 Kastendieck, Jon G; Denver
 Kelly, Barbara Fawcett; Lakewood; Denver
 Kendall, Ralph T; Colorado Springs
 Kett, Helena; Aurora
 King, Stephen W; Denver
 Kinnard, Theresa L; Denver
 Koels, David L; Denver
 Kowalski, Leonard R; Aurora; Bailey
 Kure, Jack R; Denver

LaGreca, Brian A; Commerce City
 Lawrence, W Stewart; Denver
 Lingle, Jeffrey W; Northglenn
 Little, Kenneth R; Colorado Springs
 Livingston, Bobbie; Denver; Aurora
 Luethke, James M; Aurora; Denver

Macaluso, Frank A Jr; Denver
 Malek, Denise G; Colorado Springs
 Mangione, Ellen J; Denver

Markovchick, Vincent J; Denver; Golden
 May, Andre' R; Fort Lupton; Denver
 Mayeaux, Carl A; Denver
 McCallister, Dianne E; Denver
 McClean, Charles K; Denver
 Meason, Thomas M Jr; Grand Junction
 Meinig, Richard P; Denver
 Meyer, Ronald C; Wheat Ridge; Lakewood
 Michael, Christopher S; Denver
 Minzter, Ronald M; Denver
 Moore, Frederick; Denver
 Moore, Lucy; Denver
 Mumma, Donna L; Denver
 Murphy, Carla E; Denver; Littleton
 Musso, Carlo A; Denver

Nanna, Richard T; Denver
 Nawaz, Dilsher; Denver; Aurora
 Newman, Alice Amacher; Wheat Ridge
 Nieder, Robert M; Englewood
 Norfleet, Larry B; Colorado Springs

O'Dowd, Mary K; Denver
 O'Meara, Owen P; Denver; Englewood
 Ogin, Gary A; Englewood
 Opatowski, Michael B; Denver

Parker, Robert K; Denver
 Parsons, Debra J; Denver
 Perisho, Kathy L; Denver
 Phelps, Dwight S; Denver
 Phillips, Alfred M; Pagosa Springs
 Plevoy, Ira S; Lakewood; Golden
 Pomerantz, Harold; Denver
 Prager, Nelson A; Highlands Ranch
 Pratt, Jennifer A; Denver; Aurora
 Preston, Paul P; Denver
 Provost, Pierre E V; Denver

Quick, George E; Denver; Littleton

Richardson, Scott K; Westminster; Broomfield
 Rickman, Philip M; Denver
 Rodriguez, Vincent J; Arvada; Aurora
 Rogers, Jean C; Denver; Aurora
 Rothgeb, Eric J; Aurora

Sands, Gary P; Denver; Golden
 Schultz, Norman J; Wheat Ridge
 Sealy, David P; Colorado Springs
 Sheldon, Jonathan; Denver
 Shiftman, Richard N; Arvada
 Shpall, Zachary I; Denver
 Simpson, C Kelley; Englewood
 Singleton, Glenda; Denver
 Skiles, Trudy A; Colorado Springs
 Soffer, Patricia G; Denver
 Spear, David S; Denver
 Spillmann, Scott J; Golden; Elizabeth
 Spofford, Bryan T; Denver
 Stephenson, Robert L; Brighton; Denver
 Story, Fred L Jr; Evergreen
 Susko, Thomas M; Denver
 Sutton, James P; Denver

Taber, Robert L Jr; Denver; Breckenridge
 Taub, Neal S; Denver
 Tew, Sharman K; Denver
 Tribelhorn, Donna E; Wheat Ridge; Aurora
 Tuft, Charles M; Denver; Golden

Urwiller, Richard D; Denver

Vickery, Katherine; Denver
 Vito, Richard A; Boulder
 Vu, Thuan Q; Denver

Walker, Dennis E; Aurora; Denver
 Wasem, Donald B; Denver
 Watson, Donald D; Wheat Ridge; Lakewood
 Weisiger, Ken H; Denver; Aurora
 Weiss, Edra B; Lakewood; Littleton
 White, Wallace C; Denver; Aurora
 Wiederman, Francis J; Denver
 Williams, John M; Denver

Yaeger, Eric S; Englewood

Zarlengo, Charles V; Denver; Lakewood

EASTERN COLORADO

Beethe, Raymond C; Burlington

Hoppe, Wayne E; Burlington

Keele, Jerome L; Cheyenne Wells

Olson, Mark R; Limon

Pebler, Richard F; Limon

Ross, Clarence L; Burlington

Scarinci, Hugo J; Flagler
 Straub, John C Jr; Littleton

Younger, David G; Burlington

EL PASO COUNTY

Adams, Ralph W; Colorado Springs
 Adasek, Peter J; Colorado Springs
 Albrecht, David W; Colorado Springs
 Anderson, James T; Colorado Springs
 Anderson, Judson T; Colorado Springs
 Anderson, Paul N; Colorado Springs
 Anderson, W Dale; Colorado Springs
 Ansfeld, Michael J; Colorado Springs
 Arguello-Rudin, Oscar G; Colorado Springs

Ball, John H; Colorado Springs
 Ballard, Phillip W; Colorado Springs
 Barley, Leonard V Jr; Colorado Springs
 Baron, J Gregory; Colorado Springs
 Barrick, Steven J; Colorado Springs
 Baswell, Bonnie J; Colorado Springs
 Bates, Thomas R; Colorado Springs
 Beadles, Robert O Jr; Colorado Springs
 Bell, Richard A; Colorado Springs
 Benchwick, Paul L; Colorado Springs
 Bengtort, John L; Colorado Springs
 Berman, Michael L; Colorado Springs
 Berson, Deane S; Colorado Springs
 Berthrong, Morgan; Colorado Springs
 Beyer, Eugene F; Colorado Springs
 Bianco, Peter M; Colorado Springs
 Bildstein, Rodger D; Colorado Springs
 Black, Elizabeth; Colorado Springs; Parker
 Blake, Clyde D; Colorado Springs
 Blattspieler, S F; Colorado Springs
 Blixt, James K; Security
 Blocker, Sterling H; Colorado Springs

EL PASO COUNTY

Blonder, Ronald D; Colorado Springs
 Bodman, Stephen F; Colorado Springs
 Borgstede, James P; Colorado Springs
 Bowerman, David L; Colorado Springs
 Brady, E James; Colorado Springs
 Bramschreiber, Jerome L; Colorado Springs
 Brassfield, T Scott; Colorado Springs
 Brightwell, Nathan L; Colorado Springs
 Bristow, John W; Colorado Springs
 Brown, Frederick B; Colorado Springs
 Brown, Jeffrey M; Colorado Springs
 Brown, Samuel H; Colorado Springs
 Brumfield, Robert A; Colorado Springs
 Brusenhan, J Richard; Colorado Springs
 Buchanan, Kay M; Colorado Springs
 Burdick, Duncan C; Colorado Springs
 Burton, Richard M; Colorado Springs
 Butler, Larry J; Colorado Springs

Cadigan, Robert A Jr; Colorado Springs
 Campbell, Oliver P; Colorado Springs
 Cantor, Avrim; Colorado Springs
 Carlton, Robert E; Colorado Springs
 Carris, Craig K; Colorado Springs
 Carris, James V; Colorado Springs
 Caster, David U; Colorado Springs
 Chatfield, John N Jr; Colorado Springs
 Christiansen, John M; Colorado Springs
 Ciccone, William J; Colorado Springs
 Clark, Phyllis V; Colorado Springs
 Clayton, William D; Colorado Springs
 Cohen, Elliot S; Colorado Springs
 Cohen, Milton I; Colorado Springs
 Cole, Brian; Colorado Springs
 Cole, Larry W; Colorado Springs
 Cole, Norman G Jr; Colorado Springs
 Conde, Richard L; Colorado Springs
 Cook, Julius E; Colorado Springs
 Cooper, Jack; Colorado Springs
 Cramer, Lester M; Colorado Springs
 Crawford, Lewis A; Colorado Springs
 Cresswell, George F; Colorado Springs
 Crissey, Michael M; Colorado Springs
 Crouch, W B; Colorado Springs
 Crowe, Daniel J; Colorado Springs
 Cunningham, Leon D; Colorado Springs

Davidson, Allan B; Colorado Springs
 Davis, Herbert A; Colorado Springs
 Davis, Roger W; Colorado Springs
 Dawson, Donald L; Colorado Springs
 Dawson, Dwight C; Colorado Springs
 Day, James H Jr; Colorado Springs
 Deal, Terry D; Colorado Springs; Monument
 Delaney, Jane; Colorado Springs
 Deverell, William F; Colorado Springs
 Dewell, Larry M; Colorado Springs
 DiAsio, Richard A; Colorado Springs
 Diffie, Joe T; Colorado Springs; Woodland Park
 Dillon, Jack T; Colorado Springs
 Dillon, Robert F; Colorado Springs
 Dlugos, Thomas P; Colorado Springs
 Donahue, Lawrence P; Colorado Springs
 Dougan, Robert P; Colorado Springs
 Dowding, Charles H Jr; Aurora
 Drabing, John H; Colorado Springs
 DuBois, David D; Colorado Springs
 Duster, Mark C; Colorado Springs
 Dye, Charley W; Colorado Springs

Edgerton, James R; Colorado Springs
 Edwards, James E; Colorado Springs

Ellias, Andrew R; Colorado Springs
 Elwonger, David M; Colorado Springs
 Ely, Janet L; Colorado Springs
 Emeis, William E; Colorado Springs
 Ernster, Joel A; Colorado Springs
 Evans, Richard O; Colorado Springs
 Everett, Ralph E; Colorado Springs

Faricy, Patrick O; Colorado Springs
 Fawcett, Newton W; Colorado Springs
 Feiler, Frederic C; Colorado Springs
 Feldman, Laura L; Colorado Springs
 Fellhauer, Daniel R; Colorado Springs
 Fitzgerald, Edward M; Colorado Springs
 Fixott, Richard S; Colorado Springs
 Foerster, Robert J; Colorado Springs
 Ford, Jack; Colorado Springs
 Foster, Robert J; Colorado Springs
 Freda, Paul D; Colorado Springs
 Freedman, William W; Colorado Springs

Gamblin, Kenneth R; Colorado Springs
 Garland, James W; Colorado Springs
 Garry, Stephen H; Colorado Springs
 Gazibara, Donald P; Colorado Springs
 Genrich, John H; Colorado Springs
 Gibson, J Bradley; Colorado Springs
 Gieringer, Gary V; Colorado Springs
 Gifford, Marilyn J; Colorado Springs
 Gigliotti, Lawrence G; Colorado Springs
 Go, Sumio; Colorado Springs
 Gold, Larry A; Colorado Springs
 Golditch, Monte E; Colorado Springs; Monument
 Goldmuntz, Barry M; Colorado Springs; Manitou
 Springs
 Goldstein, Warren D; Colorado Springs
 Gorab, Lawrence N; Colorado Springs
 Graham, Lyle W; Colorado Springs
 Grana, Arthur J; Colorado Springs
 Greenberg, David I; Colorado Springs
 Greensher, Arnold; Colorado Springs
 Greensides, Robert D; Colorado Springs
 Gregory, Douglas P; Colorado Springs
 Greiner, David J; Colorado Springs
 Griffith, Dillard R; Colorado Springs
 Groeger, Raymond J; Woodland Park
 Guthrie, Michael B; Colorado Springs

Hahn, Robert W; Colorado Springs
 Hall, J Michael; Colorado Springs
 Hamilton, Robert S; Colorado Springs; Pueblo
 Hamstra, Gerald A; Colorado Springs
 Haney, Lawrence O; Colorado Springs
 Hansen, Herman R; Colorado Springs
 Hanson, J R; Colorado Springs
 Hartl, Richard W; Colorado Springs
 Hauser, Charles E; Colorado Springs
 Hays, John C; Colorado Springs
 Headley, David L; Colorado Springs
 Heiser, John C; Colorado Springs
 Herriott, Michael; Colorado Springs
 Hillman, John D; Colorado Springs
 Hohengarten, John H; Colorado Springs
 Hoyle, Thomas C III; Colorado Springs
 Huffman, David H; Colorado Springs
 Hurley, Thomas J; Colorado Springs

Ingram, William L; Colorado Springs
 Iwata, Samuel H; Colorado Springs

Jensen, Susan R; Colorado Springs
 Jepson, Christian N; Colorado Springs

Johnson, Bennie S; Colorado Springs
 Johnson, Thomas G; Fountain
 Johnston, J Harvey; Green Valley AZ

Kendall, Wayne F Jr; Monument
 Kennedy, James R; Colorado Springs
 Kennedy, Louis J; Colorado Springs
 Kent, Robert H; Colorado Springs
 Kerr, Richard K; Mesa AZ
 Kersey, Dudley H; Colorado Springs
 King, Otis J Jr; Colorado Springs
 Kircher, Lorence T Jr; Colorado Springs
 Kircher, Lorence T III; Colorado Springs
 Kleiner, John P; Colorado Springs
 Koehn, Gerard G; Colorado Springs
 Kucinski, Chester S; Colorado Springs
 Kuhlman, William K; Colorado Springs
 Kurica, Kenneth B; Colorado Springs

Lain, Charles D; Colorado Springs
 Landon, F Rodman; Colorado Springs
 Larimer, Craig W; Colorado Springs
 Larkin, James M; Colorado Springs
 Larson, Wallace K; Colorado Springs
 Lavanway, James M; Colorado Springs
 Lavoo, John W; Colorado Springs
 Lawshe, Barret C; Colorado Springs
 Lentini, Vincent C; Colorado Springs
 Lewis, Barton L; Colorado Springs
 Lewis, Ted T; Colorado Springs
 Liddle, Edward B Jr; Colorado Springs
 Lindeman, George M; Colorado Springs
 Lippert, William L; Colorado Springs
 Lloyd, William E; Colorado Springs
 Loehr, Richard E; Colorado Springs
 Lovell, Kenneth R; Colorado Springs
 Luebbert, Steven J; Colorado Springs
 Lund, Cynthia J; Colorado Springs
 Lynn, John T III; Colorado Springs

Mahony, Thomas H III; Colorado Springs
 Markewich, Gary S; Colorado Springs
 Marta, John A; Colorado Springs
 Martz, David C; Colorado Springs
 Matthews, David S; Colorado Springs
 Maxwell, James H; Colorado Springs
 Mayeda, Douglas V; Colorado Springs
 McCarthy, Thomas T; Colorado Springs
 McClellan, Charles W; Colorado Springs
 McClure, Scott H; Colorado Springs
 McColl, Harry A Jr; Colorado Springs
 McCoy, James A; Colorado Springs
 McCreery, Richard A; Colorado Springs
 McCulloch, Alexander T Jr; Colorado Springs
 McMahon, Charles D; Colorado Springs
 McMullen, Craig T; Colorado Springs
 McMullen, James W; Colorado Springs
 McMullen, R Bard; Colorado Springs
 McNally, Michael J; Colorado Springs
 McWilliams, John E; Colorado Springs
 Merkert, George L Jr; Colorado Springs
 Messner, Milo L; Colorado Springs
 Michael, Joyce E; Colorado Springs
 Miller, Eugene; Colorado Springs
 Miller, Floyd J; Colorado Springs
 Miller, J Brian; Colorado Springs
 Mitchell, Orderia F; Colorado Springs
 Modlin, Richard A; Colorado Springs; Manitou
 Springs

Moore, Gene H; Colorado Springs
 Moore, Larry A; Colorado Springs
 Moothart, Richard W; Colorado Springs

Mrozek, John R; Colorado Springs
 Mueller, Stephen O; Colorado Springs
 Munson, Wayne M; Colorado Springs
 Munson, William A; Colorado Springs
 Murphy, Alan R; Colorado Springs
 Muth, John B; Colorado Springs
 Myers, James M; Colorado Springs

Nash, Rex D; Colorado Springs
 Nathan, Robert A; Colorado Springs
 Newcomer, John A; Colorado Springs
 Nicks, Frank I Jr; Colorado Springs
 Nielsen, Peter G; Colorado Springs
 Noblett, Deane L; Colorado Springs
 Norton, John D; Colorado Springs
 Nusca, Margaret T; Monument

O'Donnell, James J; Colorado Springs
 O'Donnell, Sean C; Colorado Springs
 O'Rourke, P Terrence; Colorado Springs
 Oliveira, Mario M; Colorado Springs
 Olson, Neiland R; Colorado Springs
 Olvey, Stuart K; Colorado Springs
 Oram-Smith, Jeffrey C; Colorado Springs

Paap, Jack I; Colorado Springs
 Parington, Cyrus W; Colorado Springs
 Pence, Tom K; Colorado Springs
 Perrott, Walter W III; Colorado Springs
 Perry, Carmel P; Colorado Springs
 Peters, Bruce H; Colorado Springs
 Peterson, Richard I; Colorado Springs
 Phelps, Dennis A; Colorado Springs
 Pick, Melvin M; Colorado Springs
 Pierce, Alson F; Peyton
 Pise, Gerald J; Colorado Springs
 Pitman, William M; Colorado Springs
 Platz, Victor; Colorado Springs
 Poliakoff, Claude S; Colorado Springs
 Pollard, Joseph S Jr; Colorado Springs
 Pollock, Caryl J; Colorado Springs
 Presti, Matthew; Colorado Springs
 Price, Richard A; Colorado Springs
 Pruitt, J C; Colorado Springs
 Purdon, Thomas F; Colorado Springs

Rainey, Rhett K; Colorado Springs
 Ramey, Ralph Jr; Colorado Springs
 Randono, John J; Colorado Springs
 Ranzenberger, Steven S; Colorado Springs
 Rapp, Alan D; Colorado Springs
 Raskin, Douglas J; Colorado Springs
 Ravin, Sheldon J; Colorado Springs
 Rees, James M; Colorado Springs
 Reeves, Robert H; Colorado Springs
 Reich, Laura M; Colorado Springs
 Reimers, Bruce L; Colorado Springs
 Reynolds, Judith U; Colorado Springs
 Richeaux, Kenneth A; Colorado Springs
 Roberts, Jerry R; Colorado Springs
 Roesler, Paul J; Colorado Springs
 Rogers, William F; Colorado Springs
 Romett, J Lewis; Colorado Springs
 Rose, Cynthia P; Colorado Springs
 Rothhammer, Amilu S; Colorado Springs
 Rubinow, Sidney D; Colorado Springs
 Robinson, Samuel M; Colorado Springs
 Ruggles, Charles W; Colorado Springs
 Ryder, William H; Colorado Springs

Salata, John R; Colorado Springs
 Sampson, John J; Colorado Springs

Sayre, Robert L; Colorado Springs
 Schiller, John E; Colorado Springs
 Schmidt, Philip M; Colorado Springs
 Schmitt, Edward A; Colorado Springs
 Schmitt, Henry J Jr; Colorado Springs
 Schunk, Peter A; Colorado Springs
 Schutt, Robert C Jr; Colorado Springs
 Schwab, Irving H; Colorado Springs
 Sciotto, Cosimo G; Colorado Springs
 Seagraves, Mary A; Colorado Springs
 Sellers, Dilworth P; Colorado Springs
 Service, William C; Colorado Springs
 Seybold, William R; Colorado Springs
 Shahzadi, Mehrbanoo (Mary); Colorado Springs
 Shallow, James T; Colorado Springs
 Sherwin, Richard M; Colorado Springs
 Sherwood, Clifford; Colorado Springs
 Shoemaker, Larry D; Colorado Springs; Monument
 Shonk, John J Jr; Colorado Springs
 Shoptaugh, A Glenn Jr; Colorado Springs
 Short, William F; Colorado Springs
 Silver, Gordon S; Colorado Springs
 Simerville, James J; Colorado Springs
 Sims, John A; Colorado Springs
 Smith, James G Jr; Colorado Springs
 Smith, Raymond H; Colorado Springs
 Smith, Robert H; Colorado Springs
 Solomon, Maurice C; Colorado Springs
 Spangler, Michael W; Colorado Springs
 Spaulding, Duane R; Colorado Springs
 Speirs, Alfred C; Colorado Springs
 Stafford, Robert M; Colorado Springs
 Stecker, Raymond H; Colorado Springs
 Stein, Gerald S; Colorado Springs
 Stienmier, Richard H; Colorado Springs
 Storms, William W; Colorado Springs
 Stringer, Theodore L; Colorado Springs
 Stringfellow, Roy C Jr; Colorado Springs
 Struck, Teresa H; Colorado Springs
 Swain, Robert B; Colorado Springs
 Sweeney, James P; Colorado Springs
 Szvetez, Frank C; Colorado Springs

Tedeschi, John P; Colorado Springs
 Telatnik, Stephen C; Colorado Springs
 Thatcher, D B; Colorado Springs
 Thayer, Kent H Jr; Colorado Springs
 Thompson, Michael K; Colorado Springs
 Townsley, Harry E; Colorado Springs
 Trousdale, William E; Colorado Springs
 Tuxworth, Frank E; Colorado Springs

 Vanderhoof, Richard C; Colorado Springs
 Varnum, Robert C; Colorado Springs
 Vickers, C William; Colorado Springs
 VonMinden, Milton C Jr; Colorado Springs
 Voy, Robert O; Colorado Springs

Wahl, Ray L Jr; Colorado Springs
 Waldron, C Milton; Colorado Springs
 Walker, Ian G; Colorado Springs
 Walker, Ronald E; Colorado Springs
 Wall, Paul M; Colorado Springs
 Wall, Richard A; Colorado Springs
 Watts, Walter H; Security
 Watz, Hallet N; Colorado Springs
 Webb, Charles W; Colorado Springs
 Weller, William J; Colorado Springs
 Wenham, Richard P; Colorado Springs
 Weston, Jonathon P; Colorado Springs
 Wetzig, Carl K; Colorado Springs
 Wetzig, Paul C; Colorado Springs

Wetzig, Richard P; Colorado Springs
 Wiggins, Milton L; Colorado Springs
 Williams, C Rex; Colorado Springs
 Williams, Clyde H III; Colorado Springs
 Williams, Lester L; Colorado Springs
 Winans, Robert E; Colorado Springs
 Winchester, Paul D; Colorado Springs
 Winnick, Lawrence C; Colorado Springs
 Wong, Bert Y; Colorado Springs
 Wood, Edward H; Colorado Springs
 Wooddell, W Jeff; Colorado Springs
 Wright, A Morgan; Colorado Springs
 Wright, Kim B; Colorado Springs

Young, L David; Colorado Springs

Zimmer, James A; Security
 Zimmerman, Robert L; Colorado Springs
 Zinn, Charles J; Colorado Springs

FREMONT COUNTY

Banker, Michael W; Canon City
 Barnard, Michael D; Canon City
 Black, William L; Canon City
 Bruffy, James L; Canon City
 Buglewicz, John V; Florence

Christensen, Robert W Jr; Canon City
 Christie, George C; Canon City

Fox, John E; Penrose

Gamache, Peter J; Florence
 Grabow, Henry C; Canon City
 Greenlee, Lynn F; Canon City

Harris, Charles H; Canon City
 Hildebrand, Jan S; Canon City

Ley, Eugene B; Canon City

McGarry, Joseph T; Florence
 Miller, John L; Canon City
 Miller, Katherine M; Canon City
 Mohr, Gary Alan; Canon City

Page, Donald F; Canon City
 Potter, Donald E; Canon City

Ritchie, Darwin R; Canon City
 Ritchie, Gary L; Canon City
 Roller, Lothar K; Canon City

Sindler, Marc A; Canon City

Tracy, Herbert A; Canon City

Vincent, Jack F; Canon City

HONORARY

Derry, Donald G; Colorado Springs

Hendee, William R; Deerfield IL
 Hites, James D; Fort Collins

Palmer, Walter Lincoln; Chicago IL

Schwarz, M Roy; Chicago IL; Glencoe IL
 Sethman, Harvey T; Denver

HONORARY - LARIMER COUNTY

Wood, Lawrence; Denver

HUERFANO COUNTY

Lamme, James M Jr; Walsenburg

Vialpando, Arthur B; Walsenburg
Villalon, Joseph H; Walsenburg

INTERMOUNTAIN

Bachman, James J; Frisco
Bevan, William A Jr; Vail; Eagle-Vail
Brooks, Laurence W; Vail; Edwards

Chipman, Leon D; Vail; Avon
Chow, Franklin S; Vail; Eagle-Vail
Coleman, Donald L; Breckenridge

Dooher, Gerald R; Vail

Feeney, Jonathan C; Vail; Eagle-Vail
Flora, Mark S; Frisco; Dillon
Freedman, Philip E; Vail

Gerner, Robert E; Vail
Gottlieb, John E; Vail

Lackey, Charles W; Frisco
Lumnitz, Janice S; Eagle

Morley, Alexander K III; Frisco
Mullinaux, Ernest B; Aurora

Nevison, Thomas O; Denver

Paul, David H; Vail; Avon
Petrie, Kent Alan; Vail

Rossi, Joseph P; Vail

Steinberg, Thomas I; Vail

Woodland, John B; Lafayette; Boulder

Yarberry, Steven A; Vail; Avon

LA PLATA COUNTY

Bardin, Billy J; Durango
Bishop, David W; Durango
Boyd, John A K; Durango
Buslee, Roger M; Durango
Butler, Harrison G III; Durango

Callaway, Sam E; Durango
Carnes, Marion M; Durango
Cartier, John W; Durango
Castle, Everett R; Durango; Tucson AZ
Copeland, Lynn R; Durango
Crue, Benjamin L Jr; Durango
Cullum, Lawrence M; Durango

Davidson, A Marie; Durango
Deaver, David C III; Durango
Deterding, Karl T; Durango

Edgerton, J Craig; Durango

Furry, Dean L; Durango

Furze, James M; Durango

Gaughan, Lawrence J; Durango
Gerstenberger, Patrick D; Durango
Grenoble, David C; Durango
Grossman, Richard A; Durango

Halley, Tullius W; Durango
Handy, Allan W; Pagosa Springs
Harrison, Judith A; Durango
Heller, Henry M; Durango
Hillmer, Barry; Durango

Jernigan, Randal F; Durango
Johnson, Stephen M; Durango
Johnson, Vaughn A; Durango

Kehmeier, Dean F; Durango
Kiracofe, H Loudon; Durango
Krauser, William J; Durango

Lloyd, Leo W; Durango
Luter, Patrick W; Durango

Murphy, Joseph M; Durango

Noce, Michael A; Durango

Pearson, Phil C; Durango
Pirnat, Martin P; Durango
Pratt, Thomas C; Durango

Rappe, Donald L; Durango
Ruggera, Gary C; Durango

Schultz, Randall R; Durango
Scott, Gary A; Durango
Smith, Loys A; Durango
Swanson, Robert L; Durango

Walters, Mark R; Durango
Whitehurst, Fred O; Durango
Whitelock, Paul R; Durango
Wienpahl, Mark; Pagosa Springs
Wigton, Chester M; Durango
Winder, Denis J; Durango

LAKE COUNTY

Callen, Wayne L; Leadville

LaBaw, Wallace L; Denver; Boulder

Perna, John L; Leadville

LARIMER COUNTY

Abbey, David M; Fort Collins
Abbey, William S; Fort Collins
Allen, David K; Fort Collins
Allen, Patrick C; Loveland
Allen, Thomas J; Loveland
Anderson, N Paul E; Estes Park
Anderson, William E Jr; Loveland
Arndt, Donald A; Berthoud
Ashbach, Nancy W; Loveland
Auringer, Michael; Kremmling; Fort Collins

Bachus, Nelson E; Fort Collins
Bailey, Austin G Jr; Fort Collins
Baird, Boake L; Loveland

Basow, William M; Fort Collins
Baumgartel, Earl D; Loveland
Beard, Donald Y; Fort Collins
Bender, Edward L; Fort Collins
Bentz, Steven D; Fort Collins
Bergland, Bert E; Estes Park
Bermingham, Roger P; Fort Collins
Berns, Barry R; Windsor; Fort Collins
Bliss, Robert J Sr; Fort Collins
Boehlke, Russell R; Fort Collins
Booth, Richard R; Fort Collins
Boyle, Kevin J; Berthoud; Loveland
Bruns, Thomas; Loveland
Burnham, Linda A; Fort Collins
Bush, James F; Fort Collins

Carlson, Hillis G; Fort Collins
Carroll, Charles A; Fort Collins
Chase, Jerry A; Loveland
Chiavetta, Thomas G; Fort Collins
Childers, Marvin A III; Loveland
Christon, Margaret A; Fort Collins
Clemens, Orrie G; Loveland
Cloyd, David G; Fort Collins
Cochran, Thomas S Jr; Fort Collins
Codd, Richard L; Fort Collins
Collins, Jerome S; Loveland
Collins, Thomas J; La Porte; Fort Collins
Compton, James F; Fort Collins
Conlon, Robert M; Fort Collins
Cook, Roger P; Fort Collins
Cranor, John D; Fort Collins
Cronin, John C; Fort Collins
Curiel, Michael P; Fort Collins
Curtis, Kenneth W Jr; Fort Collins

Danforth, James C; Loveland
Davidson, James E; Fort Collins
Decker, John T; Fort Collins
DeYoung, M T; Fort Collins; Livermore
Dickmann, Joel A; Estes Park
Dieringer, Thomas M; Fort Collins
Donnelley, Beverly E; Fort Collins
Dudzinski, Paul J; Fort Collins
Duhon, Samuel C Sr; Fort Collins; Boulder
Duncan, Diane; Lubbock TX
Dupper, Harold H; Fort Collins

Edwards, Robert A; Loveland
Elliott, Max A; Fort Collins
Ellis, Robert H; Fort Collins
Elo, Denis R; Loveland
Englert, Thomas L; Loveland
Englund, Garth W; Fort Collins

Fangman, Michael P; Fort Collins
Fickel, Helen F; Berthoud
Fonken, H A; Fort Collins
Frickman, Carl E; Loveland

Gale, Scott A Jr; Fort Collins
Geppert, Margo J; Fort Collins
Giansiracusa, Richard F; Loveland
Gillespie, Elizabeth J; Fort Collins
Golub, Daniel E; Fort Collins
Gordon, Lee; Fort Collins
Grant, Lee B Jr; Fort Collins
Grosboll, Ashley N; Loveland
Grosboll, Edward E; Loveland
Grosboll, Robert N; Loveland
Gunstream, Stanley R; Fort Collins

Hailey, Mark A; Loveland
 Hamm, Robert M; Loveland; Fort Collins
 Hammond, Richard O; Fort Collins
 Harling, Mallory T; Fort Collins
 Harper, Barry K; Fort Collins
 Harvey, John S Jr; Fort Collins
 Haygood, Thomas A; Fort Collins
 Henson, Stanley W Jr; Fort Collins
 Hoffman, James F; Fort Collins
 Hoffman, James F Jr; Fort Collins
 Hohm, Richard A; Fort Collins
 Homburg, Robert C; Fort Collins
 Horstman, James K; Fort Collins
 Howard, Earle T; Loveland
 Humphrey, Fred A; Fort Collins
 Humphrey, Robert N; Fort Collins

Irish, Margaret A; Fort Collins

Jeffrey, Ransy L; Fort Collins
 Jinich, Daniel B; Fort Collins
 Jobin, Michael J; Loveland
 Johnson, Richard W; Fort Collins
 Johnson, Robert V; Fort Collins
 Jones, William A; Fort Collins
 Justin, Ingrid M; Fort Collins

Kaiser, Dale C; Fort Collins
 Kasenberg, Thomas P; Loveland
 Kesler, Kelvin F; Fort Collins
 Kieft, Larry D; Fort Collins
 Kraus, G Thomas; Estes Park

Larson, Dennis G; Fort Collins
 Lillis, Patrick J; Loveland
 Lopez, William Jr; Fort Collins
 LoSasso, Carl J; Fort Collins
 Luckasen, Gary J; Fort Collins
 Ludwin, Gary A; Fort Collins
 Luttenegger, Thomas J; Fort Collins

Magsamen, B F; Fort Collins
 Maloney, John D; Fort Collins
 Martin, Eva; Fort Collins
 Mays, James M; Fort Collins
 McElwee, Hugh P; Fort Collins
 McGinnis, James G; Fort Collins
 McLain, Phil C III; Estes Park
 Mead, Daina C; Fort Collins
 Mercer, Jeannette Y; Windsor
 Merkel, Lawrence A; Fort Collins
 Milano, William J; Loveland
 Miller, Burdette L; Estes Park
 Morgan, Alma R; Fort Collins
 Morrell, Robert M; Sun City AZ
 Murray, Douglas M; Fort Collins
 Murthy, Krishna C; Fort Collins

Nemeth, Clifford J; Loveland
 Nevrviv, Thomas; Fort Collins
 Newlin, Carol M; Fort Collins
 Nichol, Thomas W; Estes Park
 Norrie, Thomas K; Fort Collins
 Norris, Andrew M; Fort Collins

O'Neill, John J; Fort Collins
 Olivier, Brian D; Fort Collins
 Olsen, Gerald M; Fort Collins
 Otteman, Merlin G; Fort Collins

Patterson, Robert B; Loveland
 Patterson, Stuart A; Fort Collins

Pfeifer, Lyle M; Fort Collins
 Porter, Bruce M; Fort Collins
 Preble, Parker E; Fort Collins

Rechnitz, Gary D; Fort Collins
 Reed, Jay A; Loveland
 Reents, William J; Loveland
 Reid, John H; Fort Collins
 Repert, William B; Fort Collins
 Roark, Richard D; Fort Collins
 Rule, Ingrid K; Fort Collins
 Rumley, A S; Fort Collins
 Rumley, Ruth Jones; Fort Collins

Sable, David L; Fort Collins
 Sadler, Jackson L; Fort Collins
 Salimbeni, Julio C; Fort Collins
 Sands, Arthur C; Fort Collins
 Sayers, C Paul; Fort Collins
 Schafer, Donald R; Loveland
 Schmalhorst, Brian K; Fort Collins
 Schmidt, Robert L; Fort Collins
 Seeton, James F; Fort Collins
 Shachtman, William A; Fort Collins
 Sherwood, Robert W; Fort Collins
 Short, Rande K; Fort Collins
 Simmons, Robert A; Fort Collins
 Singer, Charles J; Fort Collins
 Smith, Bruce M; Fort Collins
 Smith, Jerome I; Fort Collins
 Smith, Kirk M; Fort Collins
 Snodderley, Paul L; Fort Collins
 Sobel, Roger M; Fort Collins
 Standard, Peter J; Fort Collins
 Stephens, Floyd V Jr; Fort Collins
 Stevens, William W III; Fort Collins
 Stoddard, Andrew P; Fort Collins
 Sunthankar, Lena M; Fort Collins

Tartaglia, Louis Jr; Loveland
 Tello, Robert J; Loveland
 Thieman, William J; Fort Collins
 Thieszen, Milford E; Fort Collins
 Thode, Henry P Jr; Fort Collins
 Thornton, William R; Fort Collins
 Thorson, Steven J; Fort Collins
 Tippin, Steven B; Fort Collins
 Tramp, Paul E; Loveland
 Turner, Daniel T; Fort Collins; Greeley
 Turner, Donn M; Fort Collins
 Tutt, George O Jr; Fort Collins

Unfug, Harry V; Fort Collins
 Updegraff, Jeffrey G; Fort Collins

Valley, George E; Fort Collins
 Vanderschouw, Martin G; Fort Collins
 Vedanthan, P K; Fort Collins
 Voiles, J. David; Fort Collins
 Voss, Richard G; Fort Collins

Waggener, William J; Loveland; Denver
 Warson, James S; Fort Collins
 Weber, Susan J A; Fort Collins
 Weil, Lawrence J; Fort Collins
 Wells, Donald B; Fort Collins
 Wera, Thomas J; Fort Collins
 West, B Lynn; Fort Collins
 Williams, Dallas D; Loveland
 Williams, Linda L; Fort Collins
 Wirt, Timothy C; Fort Collins
 Wise, James K; Fort Collins

Woods, Susan E; Fort Collins

Yemm, Stephen J; Fort Collins

LAS ANIMAS COUNTY

Fabec, Sally L; Trinidad

Jimenez, Guilebaldo E; Trinidad
 Jimenez, Joseph P; Trinidad

McFarland, Douglas M; Trinidad

Quimby, Robert L; Walsenburg

Spokas, Frank J Jr; Trinidad

MESA COUNTY

Axthelm, Stephen C; Grand Junction

Barbero, J Fred; Grand Junction
 Beaver, William C; Grand Junction
 Bechtel, Joel J; Grand Junction
 Blakely, Charles A; Grand Junction
 Bonnet, Carol G; Grand Junction
 Bull, Heman R; Grand Junction
 Bull, Malcolm I; Grand Junction
 Burnbaum, Mitchell D; Grand Junction
 Burns, Dorr H; Grand Junction
 Burrow, Maida L; Grand Junction
 Bush, Jerry O; Grand Junction

Cameron, Mercedes E; Grand Junction
 Copeland, M Larry; Grand Junction
 Crumbaker, Victor A; Grand Junction

Degener, David F; Grand Junction
 Dirks, David W; Grand Junction
 Dreher, William H; Grand Junction
 Duffey, Daniel J; Grand Junction
 Duncan, Lester S Jr; Grand Junction
 Dunn, James R; Grand Junction

Elliott, Robert J; Grand Junction

Fawcett, Ronald A; Grand Junction; Fruita
 Fisher, David P; Grand Junction
 Fox, Robert H; Grand Junction
 Fritz, Thomas J; Grand Junction
 Fulton, Richard E; Grand Junction

Gabelman, Omer P; Grand Junction; Cape Coral FL
 Gardner, Steven M; Grand Junction
 Gilman, Neal J; Grand Junction
 Golter, Lee B; Grand Junction
 Gould, Arch H; Grand Junction

Hackett, Robert D; Grand Junction
 Hall, Oliver E K; Grand Junction
 Hall, Robert F; Grand Junction
 Hanna, Robert S; Grand Junction
 Hartshorn, Denzel F; Grand Junction
 Heuscher, Enno F; Grand Junction
 Holmes, Joshua J; Grand Junction
 Huskey, Harlan B; Fruita; Grand Junction

Irvin, Lewis A; Grand Junction

James, Lynn A; Grand Junction
 Janson, Richard A; Grand Junction

MESA COUNTY - MT. SOPRIS COUNTY

Jones, Paul B; Grand Junction

Keely, Marjorie L; Grand Junction
Kelley, William A; Grand Junction
Kempers, Glenn R; Grand Junction
Kingston, Richard A; Grand Junction
Klein, M G; Grand Junction

Lepisto, Carl A; Grand Junction
Linnemeyer, Robert F; Grand Junction
Long, Aaron D; Grand Junction

Maclean, James E; Grand Junction
Madsen, Mark C; Grand Junction
Magee, Archie E; Grand Junction
Magraw, Bronwen J; Palisade
Maloney, James M III; Denver
Marasco, Paul B; Grand Junction
Maruca, Joseph; Grand Junction
Matchett, Kenneth M Jr; Grand Junction
Mayer, David M; Grand Junction
McDaniel, David B; Grand Junction
McFadden, Donna L; Grand Junction
Meacham, Stephen R; Grand Junction
Merkel, William D; Grand Junction
Merrill, Joseph G; Grand Junction
Miller, Thomas E; Grand Junction
Mohler, Philip J; Grand Junction
Moran, Patrick G; Grand Junction

Nakano, Jeffrey M; Grand Junction
Novak, Deborah W; Grand Junction

Orr, Edwin R; Fruita

Pacini, Donald R; Grand Junction
Painter, M Ray Jr; Grand Junction
Paquette, Frederick R; Grand Junction
Parker, Joseph J Jr; Grand Junction
Patterson, William R; Grand Junction
Patz, David S; Grand Junction
Petersen, Warren A; Grand Junction
Pinson, Ronald C; Grand Junction

Rashleigh, Perry L; Grand Junction
Raso, Roland A; Grand Junction
Ross, James R; Grand Junction
Roy, Charles E; Grand Junction
Ruybal, Jacob A Jr; Grand Junction

Saccomanno, Geno; Grand Junction
Scott, William A; Grand Junction
Shanks, W George; Grand Junction
Shenk, Douglas C; Grand Junction
Shenkel, Roger C; Grand Junction
Sillix, Patrick A; Grand Junction
Simons, Kenneth M; Grand Junction
Simpson, George R; Grand Junction
Smith, G Paul; Grand Junction
Smith, Ronald E; Grand Junction
Smith, Verne A; Grand Junction
Snyder, Gary L; Grand Junction
Stevenson, Chester P; Grand Junction
Stidham, Paul B; Grand Junction
Stiefler, Richard E; Grand Junction

Thomas, B Lewis Jr; Grand Junction
Tice, Larry D; Grand Junction
Towner, Thomas G; Grand Junction
Troy, Richard E; Grand Junction
Tupper, Harvey M; Grand Junction

VanHardenbroek, Mechteld; Grand Junction

Waldrop, William L; Grand Junction
Wanebo, C K; Grand Junction
Ward, Bruce A; Grand Junction
Webel, Jacob; Grand Junction
West, David M; Grand Junction
Wilson, Ben J; Phoenix AZ
Wilson, Bruce H; Grand Junction

MONTEZUMA COUNTY

Aikin, Kent R; Mancos

Bostrom, Paul D; Dolores; Cortez
Britton, Kent R; Cortez

Cain, Leonard W; Cortez; Dolores

Doneskey, Paul W; Cortez
Dovgan, Samo J; Cortez

Fleming, Thomas C; Cortez
Frye, Jearl F; Cortez; Delores

Gildersleeve, Robert G; Cortez
Griebel, Gerald W; Cortez

Heyl, Robert A; Cortez
Howe, Gerald E; Cortez

Merritt, Edward G; Dolores; Cortez

Paddack, Michael R; Cortez; Dolores

Robichaux, Val; Cortez; Durango

Willis, Thomas M; Cortez

MORGAN COUNTY

Collins, John A; Fort Morgan

Goodman, Edward H; Brush; Fort Morgan

Houghan, Charles R; Fort Morgan

Jackson, Ham; Fort Morgan

Kruglet, Donald G; Fort Morgan
Kulp, Robert L; Brush

Lindell, Kevin V; Fort Morgan

Mellinger, William J; Fort Morgan

Overturf, Bruce R; Fort Morgan

Palu, Margaret E; Fort Morgan

Richards, Robert B; Fort Morgan

Solt, Robert; Fort Morgan

Thompson, Patrick L; Fort Morgan

Wolz, John F; Fort Morgan
Woodward, Paul E; Fort Morgan

MT. EVANS

Allbright, James R; Conifer

Brechner, Ross J; Evergreen
Buchwald, Fred; Evergreen

Cooper, Bruce D; Evergreen

Frantz, Rae Ann; Boulder; Louisville

Jendry, Ronald J; Evergreen; Conifer

Kutalek, Kenneth J; Evergreen

Linn, David D; Conifer

Miller, Wayne A; Denver; Evergreen
Moyer, John P; Evergreen

Santaguida, Rik; Idaho Springs; Evergreen
Seydel, Frederick K; Evergreen; Denver
Syzek, Thomas E; Conifer; Bailey

Walters, Vernon W; Evergreen
White, Eric A; Denver
Wiggins, Roger G; Evergreen
Witwer, John P; Denver; Evergreen

MT. SOPRIS COUNTY

Artist, Ricky L; Rifle

Barnett, Stephen; Aspen
Berkeley, Michael E; Aspen
Burgert, Paul H; Glenwood Springs
Burke, James M; Aspen; Snowmass Village

Caskey, Jack B Jr; Aspen
Clifford, Robert K; Glenwood Springs

Derkash, Robert S; Glenwood Springs
DeYoung, Roland W; Glenwood Springs

Feinsinger, Greg; Glenwood Springs
Freeman, John R; Aspen

Glismann, John P; Aspen

Herrington, Richard A; Carbondale
Hostettler, David P; Glenwood Springs

Jacobs, Mary Jo; Glenwood Springs
Johnson, Bernarr B; Carbondale

Kirk, Rodney E; Aspen
Knaus, Gary D; Carbondale

Lippman, Bruce D; Glenwood Springs

Maggiore, John R; Glenwood Springs
Martin, Travis W; Vail
Mink, Barry D; Aspen
Morton, G Thomas; Glenwood Springs

Nutting, Burtis E; Glenwood Springs
Nystrom, John S; Glenwood Springs

O'Donnell, James A; Glenwood Springs
Oakes, Frederick C Jr; Glenwood Springs
Oden, Robert R; Aspen

Protas, Jacob M; Aspen

Purnell, Mark L; Aspen

Rodriguez, Jose L; Glenwood Springs

Saliman, Alan E; Glenwood Springs
Salmen, Paul A; Glenwood Springs
Schiller, Carl F; Aspen
Schultz, Linda M; Glenwood Springs
Schwartz, Arthur A; Aspen
Schwartz, Kenneth A; Rifle
Smith, Royal A; Glenwood Springs
Steinbrecher, Jerry S; Glenwood Springs
Stirman, Jerry A; Glenwood Springs

Tomasso, Gerard I; Glenwood Springs

Viehe, Robert W Jr; Glenwood Springs

Weaver, James K; Glenwood Springs
Weitzenkorn, Dan E; Glenwood Springs
Whitcomb, Harold C Jr; Aspen

Yajko, R Douglas; Glenwood Springs

NORTHEAST COLORADO

Beebe, Kenneth H; Smyrna DE
Buchanan, William S; Sterling

Chesnut, Myrlen E; Holyoke
Clark, Curtis C; Sterling
Clark, D J; Sun City CA

Dowis, Gaylord M; Sterling

Elliff, John E; Sterling
Ezell, William W; Sterling

Genskow, Gordon L; Sterling

Kilpatrick, David M; Sterling
Kimball, N Curtis; Sterling

Laforce, Richard F; Sterling
LaForce, William R; Sterling
Lamb, Richard C; Sterling
Ley, James W; Haxtun
Lopez, Edward M; Sterling
Lopez-Samayoa, Omar E; Julesburg
Lundgren, John C; Julesburg

Mackey, Jack L; Sterling
Maercklein, Wallace W; Evergreen
McKnight, James H Jr; Sterling

Ollhoff, Harold J; Sterling

Pickard, Thomas M; Sterling
Pohlman, Floyd H; Sterling; Atwood

Smith, Drew H; Sterling
Stahl, Larry G; Sterling

Tennant, Edward E; Casper WY
Timmermans, Dirk F; Sterling

VanSchooneveld, Craig H; Sterling

Wagner, Kay E; Sterling

Zimmerman, Dudley C; Sterling

NORTHWESTERN COLORADO

Arnold, Andrew L; Winter Park; Tabernash

Bock, George W; Craig
Bookman, Lawrence B; Steamboat Springs
Bowen, G Scott; Steamboat Springs

Callaghan, Rachel J; Steamboat Springs

DiNapoli, Jim; Colorado Springs; Woodland Park
Dudley, James R; Steamboat Springs

France, David W Jr; Walden

Grossman, Terry A; Granby

Hollar, Gregory F; Craig
Huffmire, Andre J; Craig

James, David R; Craig

Malburg, Bernard J; Hayden; Craig
Monahan, E P Jr; Craig

Post, Lawrence T; Craig; Hamilton
Price, Vernon H; Steamboat Springs

Reishus, Allan D; Craig

Smilkstein, Daniel H; Steamboat Springs

Told, Thomas N; Craig
Tomlin, Donald D; Steamboat Springs
Tworoger, Fred A; Fraser

Williams, David M; Steamboat Springs

OTERO COUNTY

Acuna-Narvaez, Perlita; La Junta

Baumgartner, Robert B; La Junta
Berg, Mary J; Ordway

Calonge, Guy D; La Junta
Clapp, Harry W; Ordway

Davis, Richard L; La Junta

Freund, B William; La Junta

Gay, Kent E; La Junta

Hofmann, Rudolf A; La Junta
Holm, William A; La Junta
Hunter, Carol A; Fort Lyon

Knaus, Kendal C; La Junta

Martin, Theodore E; Rocky Ford
McCall, Janis R; Greeley
McDonnel, Gerald E; Fowler

Narvaez, Rogelio W; La Junta

Rayburn, Charles R Jr; La Junta
Roberts, Emil L; Pueblo; Fowler

Sampson, Lloyd S; Las Animas

Satt, James M; Rocky Ford
Schmucker, Marion L; La Junta
Scott, George E; La Junta; Fort Lyon
Shand, J Alan; La Junta
Stabler, Lairie O; La Junta
Stutzman, Howard E; La Junta

Vandiver, G H; La Junta

Weber, Clayton C; La Junta
Wight, Willard R; Las Animas

Yoder, Paul T; La Junta

PUEBLO COUNTY

Absher, William K; Pueblo
Ackerly, Roscoe H; Pueblo
Adams, Francis S Jr; Pueblo
Alsever, Robert N; Pueblo
Anselm, Klaus; Pueblo; Beulah
Arnot, Charles W; Pueblo
Aschenbrener, Pamela; Pueblo
Austin, Lawrence E; Pueblo

Bagale, Elia J; Pueblo
Baiton, Domingo; Pueblo
Balizet, Louis B; Pueblo
Bail, Michael E; Pueblo
Bartecchi, Carl E; Pueblo
Bedard, Charles H; Pueblo
Bennett, Dana R; Pueblo
Birner, W Frederic; Pueblo
Bloor, Robert J; Pueblo West
Bonney, Charles S; Pueblo
Boucher, Wesley W; Pueblo
Bramer, Clifford F; Pueblo
Byers, Richard H Jr; Monte Vista

Cabiling, L C Jr; Pueblo
Campbell, Velma L; Pueblo
Campbell, W MacRae; Pueblo
Capek, Richard B Sr; Pueblo
Childers, Stanley G; Pueblo
Chimento, James J; Pueblo
Cichon, J Valentine; Pueblo
Clark, Dumont F; Pueblo
Clutter, Joseph S; Pueblo
Courtright, Anne C; Pueblo
Courtright, Claiborne L; Pueblo
Crawford, James W; Pueblo
Crosson, David L; Pueblo
Cullen, Michael L; Pueblo
Curry, Vernell W; Pueblo

Dardis, Walter T; Pueblo
Daven, Joel R; Pueblo
David, Wilfrido L; Pueblo
Demshki, Andrew E Jr; Pueblo
Dernovsek, Kenneth D; Pueblo
Dernovsek, Kim K; Pueblo
Dickson, Robert P; Pueblo
Dingle, Robert W; Pueblo
Drake, Robert L; Pueblo

Eifert, Earl D; Pueblo
Ewing, Wyman F; Pueblo

Farabaugh, Leonard J; Pueblo
Ferguson, C Glen; Pueblo
Fitzgerald, Thomas J; Pueblo

PUEBLO COUNTY - SOUTHEASTERN COLORADO

Fouts, Terry L; Pueblo
Fowler, James B; Pueblo
Frost, Harold M Jr; Pueblo

Gaide, Thomas K; Pueblo
Gale, Scott A; Boulder
Garcia, Elizabeth M; Pueblo
Garcia, Louise S; Pueblo
Gardner, John W; Pueblo
Gerber, Milo P; Pueblo
Gist, Wallace W; Pueblo
Golladay, Donald E; Trinidad
Grossman, Daniel R; Pueblo

Halprin, Arthur H; Pueblo; Beulah
Hamill, Richard G; Pueblo
Hanson, Charles A; Pueblo; Beulah
Hanson, Michael W; Pueblo
Hasan, Malik M; Pueblo
Hawlick, Garfield F; Lincoln NE
Hayhurst, Dale W; Pueblo
Herrington, Alan G; Pueblo
Hicks, Bernard L; Pueblo
Hogenkamp, Jon M; Pueblo
Hopkins, William G; Pueblo
Hopman, Laurie; Pueblo
Howe, John J; Pueblo
Hoyer, Louis R Jr; Pueblo
Hoyle, Clifford L; Pueblo
Hulet, Brett L; Pueblo
Hurley, Grant W; Pueblo

Jarrett, Michael B; Pueblo
Jensen, Laurence G; Pueblo
Johnson, Bruce M; Pueblo
Johnson, Steven M; Pueblo

Kelley, Ralph L; Pueblo
Khan, Iqbal S; Pueblo
King, Michael L; Pueblo
Kirk, Jude J; Pueblo
Kort, Haydee C; Pueblo
Kulik, Janice E; Pueblo
Kuna, Gupta B; Pueblo

Laman, Muryl L; Pueblo
LaMotte, Gary A; Pueblo
Lawrence, Richard A; Pueblo
Licona, Virgilio; Pueblo
Light, Ruth L; Pueblo; Colorado Springs
Luebke, Donald C; Pueblo

Mackey, Winona R; Pueblo; Colorado Springs
Manolis, Demosthenes A; Pueblo
Marsh, Stuart G; Pueblo
Martinez, Benjamin; Pueblo
Massey, Benjamin H; Pueblo
Mastro, Edward R; Pueblo
McBurney, James W; Pueblo
McCaffrey, Paul P; Pueblo
McCanless, James W; Pueblo
McClung, Harvey W; Pueblo
McIlroy, Richard H Sr; Pueblo
McKinnon, George E; Pueblo
Meeuwssen, James W; Pueblo
Mehta, Uday K; Pueblo
Michailov, Dimitar V; Pueblo
Miller, Roger W; Pueblo
Miller, Ted W; Pueblo
Moore, Timothy J; Pueblo
Morgan, Alethia E; Pueblo
Morton, David E; Pueblo

Mueller, Edward E; Pueblo
Murchison, William G; Pueblo
Murley, Gordon D; Pueblo

Nafziger, Steven D; Pueblo
Nethery, Raymond A; Pueblo; Modesto CA

Ohlsen, Joel D; Pueblo; Rye
Osborn, Mark M; Pueblo

Pecevich, Mark; Pueblo
Pemberton, James P; Pueblo
Plum, Eugene W; Pueblo
Phelps, Harvey W; Pueblo
Phelps, Lynn M; Pueblo
Pierce, Robert D; Pueblo
Potestio, Charles M; Pueblo
Proctor, Carla R; Pueblo
Province, Darryl L; Pueblo

Radway, Paul R; Pueblo
Ramos, Michael A; Pueblo
Rao, Y N; Pueblo
Rapp, Barry M; Pueblo
Rawat, Sumant; Pueblo
Raye, Charles H; Pueblo; Colorado Springs
Rea, John J; Pueblo; Pueblo West
Redwine, Robert H; Pueblo
Reichert, Thomas K; Pueblo
Reilly, Gerald D; Pueblo
Rendler, Michael Thos; Pueblo
Rosenbloom, J L; Pueblo
Rouge, Donn A; Pueblo
Rowley, Raymond D; Pueblo
Ruiter, Richard; Pueblo
Rusk, Harvey S; Pueblo
Ryals, Jarvis D; Pueblo

Sadler, Richard L; Pueblo
Salerno, Charles F; Pueblo
Sampath, Kulasekhar; Pueblo
Sbarbaro, James A; Pueblo
Schlomer, Donald; Pueblo
Schmidt, John J; Pueblo
Schneider, Herbert H; Pueblo
Schorlemmer, Gilbert R; Pueblo
Schultz, R J Black; Pueblo
Serfling, Clarence H; Oceanside CA
Shroyer, Joseph M; Pueblo
Siemsen, Gerald H; Portageville MO
Skrei, Richard P; Pueblo
Smiley, Scott L; Pueblo; Pueblo West
Smith, Christopher J; Pueblo
Smith, David D; Pueblo
Smith, Harold J; Pueblo
Smith, Loyd L; Pueblo
Smith, Thomas R; Pueblo
Snyder, Charles E; Pueblo
Souza, Pedro M; Pueblo
Spiro, R Timothy; Pueblo
Stachler, John M; Pueblo
Stelle, Robert E; Colorado City
Stewart, Robert S; Pueblo
Stjernholm, James R; Pueblo
Stjernholm, T Christian; Pueblo
Stjernholm, Thomas; Pueblo
Sullivan, Wallace B; Pueblo
Swartz, Carl W Jr; Pueblo
Sweeney, Michele K; Pueblo

Tice, Frederick G Jr; Pueblo
Tonne, Jay C; Pueblo

Turman, William G; Pueblo; Pueblo West

Vancamp, Wesley; Pueblo West
Vialpando, Stephen G; Pueblo
Vickery, Don L; Pueblo
Visconti, Francis T; Trinidad

Wainwright, Neil D; Pueblo
Waldron, Carla C; Pueblo
Walls, Larry D; Pueblo
Wehling, Constance L; Pueblo
Williams, George S Jr; Aurora
Wood, Michael; Pueblo
Wulfsberg, Einar J; Pueblo

Yap, Alfredo T; Pueblo
Young, Robert S Sr; Palm Springs CA
Young, Robert S II; Pueblo

Zacher, Eustice; Pueblo
Zawadowski, Raphael J; Pueblo

SAN LUIS VALLEY

Anderson, Sidney; Alamosa

Berkbigler, Dale T; Del Norte
Bogner, Phillip J; Del Norte
Bunch, Littleton J; Alamosa

Culp, Raymond M; Alamosa; Del Norte

Firth, Michael G; Alamosa

Gjellum, Arthur B; Del Norte
Gonzales, Eugene A; Monte Vista; Alamosa

Harrod, C Scott; Alamosa
Haug, Norman L; Del Norte

Jones, S Tisdal; Sun City AZ
Judson, James N; Alamosa

Kelly, Robert R; Alamosa

Labouisse, David W; Alamosa
Linden, Robert A; Alamosa

MacLeod, William A J; Alamosa
McHugh, Robert L; Alamosa

Nason, Herbert M; Alamosa

Porter, Richard F; Alamosa

Ruddell, James W; Alamosa

Sunderman, Steve R; Alamosa

Thomas, H Dale; La Jara
Thomas, Joseph D; Alamosa

Wagner, R Paul; Alamosa
West, Norman L; South Fork
Wilcox, Le Roy A; Friendswood TX

SOUTHEASTERN COLORADO

Benton, Donald F; Lamar

Ellsworth, Rita A; Lamar

Ghaibeh, Ousama; Lamar

Hadley, John C; Eads

Krausnick, Keith F; Lamar

Lee, Michael J; Lamar
Likes, Edwin C; Lamar
Lucas, William E; Lamar

Manalo, Antonio S; Springfield

Ward, Robert G; Holly

WASHINGTON-YUMA COUNTY

Berry, Jack L; Wray
Brittain, Philip C; Akron
Buchanan, Robert D; Wray

Pearse, Jack H; Yuma

WELD COUNTY

Abbot, Stewart M; Greeley
Adams, John C; Greeley
Allely, James W; Greeley
Allen, Brian J; Greeley
Allen, Neil H; Greeley
Anderson, Gilbert I; Greeley
Anneberg, Spencer K; Greeley
Armbrust, Douglas W; Greeley
Artist, E J; Greeley

Bagley, David L; Eaton; Greeley
Baldwin, Thomas E Jr; Greeley
Barber, Donn J; Greeley
Bates, David E; Eaton
Blattner, Mary Austin; Greeley
Blattner, Robert Elliott; Greeley
Boelter, William C II; Greeley
Bradley, Robert C; Windsor
Brigham, Dwight P B; Greeley
Burch, William D; Greeley
Burket, Charles R; Greeley
Bussey, Randy M; Greeley

Carey, Michael V; Windsor
Cash, Robert L; Greeley
Chesley, Charles C; Greeley
Clark, Ronald D; Greeley
Clifford, Nathan J; Greeley
Cook, Donald E; Greeley
Cooper, John D; Greeley
Cortiss, Scott A; Greeley
Corona, Joseph A; Greeley
Crews, Jerry R; Greeley
Cullen, John P; Greeley
Cutshall, Richard C; Greeley
Cutts, William B; Greeley

Dallow, Kurt T; Eaton
Davis, Windon H; Greeley
Derk, Thomas; Greeley
Detwiler, Floy E; Greeley; Windsor
Dick, Milton L; Greeley
Doxsee, George C; Greeley
Dunn, Thomas R; Greeley
Durand, Charles G III; Greeley
Durand, Linda L S; Greeley

Edwards, Stanley O; Greeley

Fellers, Neal H; Greeley
Ferguson, Joe R III; Greeley
Fink, Anthony G; Greeley
Flower, Thomas J; Greeley
Foe, Elaine V; Greeley
Foe, Richard B; Greeley
Fouk, Arnold R Jr; Greeley

Garren, Lauretta F; Greeley
Gentry, Robert P; Greeley
Gilmore, Bruce T; Greeley
Groves, Fred B; Greeley

Ham, Anthony L; Greeley
Han, John S; Greeley
Harms, Thomas L; Greeley
Hartley, Robert D; Greeley
Hearne, Diana L; Greeley
Helm, Albert J; Sun City AZ
Hesse, Eugene J; Lasalle; Greeley
Hewitt, Glenn O; Greeley
Hiratzka, Paul S; Greeley
Humphries, Patricia B; Greeley
Humphries, William C Jr; Greeley
Hunter, Brett P; Greeley
Hurst, John G; Greeley
Hutchins, Earl C; Greeley

Jaouen, Richard M; Greeley
Jennings, William H; Greeley
Jobe, Charles T; Greeley
Johnson, Roger M; Greeley

Kading, Steven O; Greeley
Kadlub, Edwin D; Windsor
Kahn, Robert J; Greeley
Kailasam, Velusamy; Greeley
Kemmer, Richard J; Greeley
Kidder, Lewis A; Mesa AZ
Kim, Kwi Sook; Greeley
Kim, Yu Hong; Greeley
Kinzer, Edward J; Johnstown
Kiser, Rick E; Greeley
Kozloff, Stephen R; Greeley
Kuykendall, Fred D; Greeley

Lembitz, Alan M; Greeley
Lembitz, Deanne D; Greeley
Leppla, Leslie A; Greeley
Lim, Meng Lai; Greeley
Lininger, Thomas R; Greeley
Lower, Dennis L; Greeley

Mangum, William K; Greeley
Marsh, Randall C; Greeley
McDivitt, Robert B; Greeley
McVicker, John H; Greeley
Mills, John W; Greeley
Mogab, John C; Greeley

O'Neal, Jean P; Greeley
Oelrich, Carl D; Greeley
Olds, Kenneth M; Greeley
Osborne, Richard B; Greeley

Pace, R Scott; Greeley
Parkhurst, Aaron E; Greeley
Patterson, Charles R; Ault
Paul, Allan L; Greeley

Peetz, Michael E; Greeley
Peetz, Shelley L; Greeley
Peppers, Tracy D; Denver
Peterson, James H; Greeley
Peterson, Keith E; Greeley
Phelps, Herschel R; Loveland; Greeley
Porter, Robert T; Greeley
Purdie, Frank R; Greeley

Quinn, Richert E Jr; Greeley

Rademacher, Donald R; Greeley
Rangel, Keith A; Greeley
Ringel, Marc; Greeley
Rome, Clifford J; Greeley

Sabin, Clarence W; Windsor
Schaumberg, Edward G Jr; Greeley
Schwartz, Jeffrey C; Greeley
Shore, Roy H; Greeley
Shwayder, Reynold I; Greeley
Sills, Theron G; Greeley
Sisson, Earl M; Greeley
Smith, Hubbard W; Greeley
Smith, Myron C; Greeley
Song, Yo-Jun; Greeley
Sprague, Dawin C; Johnstown
Stahlman, Richard L; Greeley
Stanley, Gerard J; Milliken; Johnstown
Stanton, Michael W; Greeley
Stoughton, John W; Greeley
Sullivan, Patrick J; Greeley
Summerson, Donald J; Greeley

Thompson, J Thomas; Ault
Thompson, Keith E; Greeley
Troop, Thomas G; Greeley

Vandeeest, Bennie W; Wheat Ridge
Vanetti, Carol S; Greeley
VanVooren, James S; Greeley
Venbrux, Henry J; Greeley
Volk, John W; Greeley

Watt, John E; Greeley
Weaver, John A Jr; Greeley
Weeks, Jeffrey B; Greeley
Weil, Jerry; Greeley
Welch, John R; Greeley
Wheeler, James R; Greeley
Widney, Sam E; Greeley
Wiege, Eugene A; Greeley
Wignall, William B; Greeley
Wikholm, Larry J; Greeley
Wills, Theodore E; Greeley
Wilson, D Craig; Greeley
Wolach, Bernerd L; Greeley
Woods, Michael W; Greeley

Yockey, Raymond L; Greeley
Yoder, Franklin D; Greeley
Young, Mark D; Greeley

Zuidema, Jacob J; Estes Park



Section 5

CMS MEMBER SPECIALTY PRACTICE LISTINGS

Section 5 lists all member physicians alphabetically by primary specialty practice, as indicated by the physician. Following the member physician's name, the indicated primary geographical practice location is given. This refers the reader to the main listings (in Section 3) for more information about each physician. Each member was allowed to list up to five specialty practice areas in this directory.

ADMINISTRATIVE MEDICINE

Becker, Paul G; Denver
 Bennett, Willis L; Denver
 Bock, George W; Craig
 Bowling, F Lee; Englewood

Dracon, Dan; Lakewood
 duRoy, Robert M; Rancho Mirage CA

Gabow, Patricia A; Denver
 Guthrie, Michael B; Colorado Springs

Harper, Barry K; Fort Collins
 Hopple, Lynwood M; Montrose

Kahn, Kenneth A; Denver; Boulder
 Kort, Haydee C; Pueblo

Lubchenco, Michael A; Denver

Maul, Kester V; Denver
 Melinkovich, Paul; Denver; Evergreen
 Miller, Edward S; Denver

Robinson, Wm M M; Cedar Mtn NC
 Ryder, William H; Colorado Springs

Schwarz, M Roy; Chicago IL; Glencoe IL
 Smith, Raymond H; Colorado Springs

Turman, William G; Pueblo; Pueblo West

Weaver, Robert H; Denver; Golden
 Wright, Richard A; Denver

Young, Robert S Sr; Palm Springs CA

Zick, H Rolan; Boulder

ADOLESCENT MEDICINE

Barley, Leonard V Jr; Colorado Springs
 Barnett, Stephen; Aspen
 Beard, Donald Y; Fort Collins
 Brudenell, Mary Dina; Boulder

Cook, Donald E; Greeley

Dieringer, Thomas M; Fort Collins
 Dudley, James R; Steamboat Springs

Hoch, Peter C; Denver

Jamison, Jacqueline H; Denver

Meyer, Ronald C; Wheat Ridge; Lakewood
 Milburn, William H; Longmont; Lyons

Nelson, Roy G; Boulder; Louisville

Reddy, Carol F; Denver

Shoptaugh, A Glenn Jr; Colorado Springs
 Simon, David C; Aurora

Weiner, Melvin H; Littleton; Denver
 Wells, David W; Parker

AEROSPACE MEDICINE

Alexander, Martin M; Denver

Baumgartner, Robert B; La Junta
 Becky, Joseph R; Denver
 Bowling, F Lee; Englewood

Curtis, Kenneth W Jr; Fort Collins

DiAsio, Richard A; Colorado Springs

Greenheck, Robert R; Denver; Aurora
 Greenholz, Daniel J; Aurora; Denver
 Grossman, Richard A; Durango

Hopple, Lynwood M; Montrose
 Hughes, Clarence O Jr; Englewood

Kandel, George E; Denver; Littleton
 Kendall, Wayne F Jr; Monument
 Kornberg, James P; Boulder
 Kowalski, Leonard R; Aurora; Bailey

Laman, Muryl L; Pueblo

Maul, Herman S; Lakewood; Denver

Nevison, Thomas O; Denver

Rapp, Alan D; Colorado Springs

Terbush, James W; Castle Rock

Zick, H Rolan; Boulder
 Zimmerman, Robert L; Colorado Springs

ALCOHOL & DRUG ABUSE

Berns, Barry R; Windsor; Fort Collins

Carlson, H Blair; Denver

Dilts, Stephen L; Denver; Lakewood

Garlick, Ivor; Denver
 Gibson, Matthew L Jr; Aurora

Shoemaker, Larry D; Colorado Springs; Monument
 Shwayder, Reynold I; Greeley
 Smith, Darwin W; Boulder

ALLERGY

Andrews, Francine G; Lakewood; Littleton
 Avner, Sanford E; Denver; Englewood

Bodman, Stephen F; Colorado Springs
 Booren, Jack C; Denver
 Bortz, Alan I; Littleton; Denver

Conlon, Robert M; Fort Collins
 Cowen, D Eugene; Englewood

Doner, H Calvin; Littleton
 Dragul, Paul H; Denver; Englewood
 Duhon, Samuel C Sr; Fort Collins; Boulder

Edgerton, J Craig; Durango

Falliers, Constantine J; Denver; Englewood

Gabelman, Omer P; Grand Junction; Cape Coral FL
 Gelman, Lloyd D; Boulder
 Gerdes, Kendall A; Denver
 Gillaspie, John D; Boulder
 Golbert, Thomas M; Lakewood
 Groeger, Raymond J; Woodland Park

Hartshorn, Denzel F; Grand Junction
 Hohengarten, John H; Colorado Springs
 Hurst, Allan; Santa Fe NM

Johnston, J Harvey; Green Valley AZ
 Jones, Rodney H; Lakewood
 Jones, Roy W; Denver; Englewood

Karlin, Joel M; Lakewood; Denver

Luziatti, Richard G; Aurora; Littleton

Mason, Ulysses G III; Denver
 McMahon, B Thomas; Denver
 Milburn, William H; Longmont; Lyons
 Moehring, Roswitha; Denver
 Molk, Leizer; Denver
 Moon, William A Jr; Denver

Nonas, Nicholas G; Englewood; Denver

Orsborn, George E Jr; Denver; Wheat Ridge

Pearlman, David S; Aurora; Englewood

Reddy, Carol F; Denver
 Richards, Robert B; Fort Morgan

Scott, William A; Grand Junction
 Selner, John C; Denver
 Service, William C; Colorado Springs
 Shira, James E; Denver; Englewood
 Siegel, Gary L; Lakewood; Denver

Tuft, Harold S; Denver

Vedanthan, P K; Fort Collins

Wanderer, Alan A; Englewood
 Whitehead, Stephen B; Boulder

ALLERGY & IMMUNOLOGY

Andrews, Francine G; Lakewood; Littleton
 Avner, Sanford E; Denver; Englewood

Baswell, Bonnie J; Colorado Springs
 Bodman, Stephen F; Colorado Springs
 Buckley, Jerome M; Aurora; Denver

Comer, Carolyn R; Aurora; Denver
 Conlon, Robert M; Fort Collins

Go, Sumio; Colorado Springs
 Golbert, Thomas M; Lakewood

Hilty, Lydia B; Wheat Ridge

Kailasam, Velusamy; Greeley
 Koepke, Jerald W; Denver; Littleton

Levine, Mark A; Englewood; Aurora

ALLERGY & IMMUNOLOGY - ANESTHESIOLOGY

Menzel, Mark L; Boulder
Murthy, Krishna C; Fort Collins

Nathan, Robert A; Colorado Springs

Pace, R Scott; Greeley
Pearlman, David S; Aurora; Englewood

Sanders, Barbara J P; Denver; Englewood
Schocket, Alan L; Denver
Service, William C; Colorado Springs
Sillers, William S; Englewood; Denver
Storms, William W; Colorado Springs

Vedanthan, P K; Fort Collins

AMBULATORY MEDICINE

Gerrard-Gough, Brodie; Colorado Springs; Falcon
Gillmore, Bruce T; Greeley

Kirshenbaum, Gerald; Aurora; Englewood
Kukral, Albert J; Lakewood

Moore, George E; Denver; Conifer

Rosenberger, Alan B; Denver; Lakewood

Satt, James M; Rocky Ford
Schwartz, Arthur A; Aspen

Tramp, Paul E; Loveland

ANATOMIC PATHOLOGY

Adams, William R; Denver
Allen, Patrick C; Loveland

Baitlon, Domingo; Pueblo
Benson, Alan E; Longmont
Bowerman, David L; Colorado Springs

Carver, Robert K; Englewood; Aurora
Clark, Donald M; Denver
Clifford, John H; Denver; Englewood
Cox, William F Jr; Wheat Ridge; Golden

Dawson, Donald L; Colorado Springs
Decker, John T; Fort Collins
Dillon, Robert F; Colorado Springs

Englund, Garth W; Fort Collins

Howland, William W; Boulder

Kircher, Lorence T III; Colorado Springs
Knaus, Kendal C; La Junta

Lawshe, Barret C; Colorado Springs

McKinnon, George E; Pueblo
McQuaid, James L; Denver

Olshock, Richard; Wheat Ridge

Philpott, Peter J; Englewood
Pizzo, Christopher J; Denver

Rouge, Donn A; Pueblo

Saccomanno, Geno; Grand Junction

Sherwin, Richard M; Colorado Springs
Smith, Elwin A; Denver; Littleton
Steinbrecher, Jerry S; Glenwood Springs
Stewart, Robert S; Pueblo

Visconti, Paul B; Denver; Aurora

Weil, Jerry; Greeley
Wood, John M; Englewood; Littleton

ANESTHESIOLOGY

Alanis, Joseph M; Englewood
Allison, Olaf W; Denver
Arensberg, Lee C; Denver

Bahlman, Steven H; Wheat Ridge; Golden
Baker, Ronald K; Denver; Castle Rock
Balkins, A J Jr; Boulder
Ballinger, Carter M; Denver
Bartee, Roy M II; Denver
Barth, Robert L; Denver
Barton, M Dennis; Denver
Bertz, Michael W; Denver
Biscardi, Henry M; Denver
Braude, Walter; Denver
Brookens, Bruce R; Denver; Englewood
Brown, John T; Lakewood
Buesing, Russell; Denver

Carnes, Marion M; Durango
Carpenter, Joseph D; Lakewood
Clarke, Benjamin K; Denver
Clayton, William D; Colorado Springs
Cochran, Thomas S Jr; Fort Collins
Cohen, Shep; Denver
Collier, Mary M; Whiteville NC
Cook, Shelby S; Denver
Cooper, Daniel R; Cherry Hills
Craven, Edward B; Boulder
Cregger, Irby E; Denver
Cutrell, Louis M Jr; Wheat Ridge; Arvada

Davis, Dan M; Denver
deCampo, Teruel; Denver; Littleton
Derk, Thomas; Greeley
DeYoung, Roland W; Glenwood Springs
Dick, Milton L; Greeley
Domurat, Michael F; Denver; Morrison
Dougan, Robert P; Colorado Springs
Doxsee, George C; Greeley
Driver, Thomas F; Lakewood

Elliott, Jeffrey L; Denver
Elliott, Robert J; Grand Junction
Ellis, Ronald D; Denver
Elsey, Edward C Jr; Lakewood

Faseehuddin, Mohammed; Denver
Ferguson, C Glen; Pueblo
Fischer, Javier A; Denver
Franklin, David C S; Denver
Freeman, Jerry A; Littleton
Freeman, Joseph W; Springhill FL
Friedman, Jacob; Denver
Fujisaki, Charles K; Denver

Galloway, Frederick M; Denver; Lakewood
Garbe, Richard C; Denver
Gardner, Steven M; Grand Junction
Garland, James W; Colorado Springs

Genskow, Gordon L; Sterling
Gibbs, Charles P; Denver; Englewood
Gildersleeve, Richard G; Boulder
Gillespie, Elizabeth J; Fort Collins
Gilman, James I; Denver
Gist, Wallace W; Pueblo
Golter, Lee B; Grand Junction
Greenhalgh, Charles R; Denver
Griffiths, Leonard L III; Denver
Grow, John B Jr; Denver
Guerra, Frank; Englewood
Guilfoyle, Edward J; Denver

Halfen, David P; Denver; Golden
Hall, J Michael; Colorado Springs
Hamann, Richard A; Denver
Han, John S; Greeley
Hansen, Herman R; Colorado Springs
Hanson, Michael W; Pueblo
Harrison, Martin R; Golden
Hartwig, Frank E; Denver
Hawley, William J; Montrose
Heaton, Carl E; Denver
Heisterkamp, David V; Denver
Helm, Albert J; Sun City AZ
Hicks, Bernard L; Pueblo
Higgins, Andrew G; Denver; Wheat Ridge
Hilberman, Mark; Boulder
Hileman, Lyle S; Denver
Hodges, Kathleen A; Denver
Horvath, Joseph S; Aurora; Englewood
Hrdlicka, Jan; Arvada
Humphries, Jesse H; Denver
Huskey, Harlan B; Fruita; Grand Junction
Hyde, Edwin G; Englewood

Jones, George D; Denver; Lakewood

Karasek, Dagmar; Denver; Englewood
Keller-Klein, Karen A; Boulder
Kim, Kwi Sook; Greeley
Kim, Yu Hong; Greeley
Kinnard, Theresa L; Denver
Kistler, Dale C; Denver
Klein, Russell C; Golden

Larimer, Craig W; Colorado Springs
Leonard, Michael W; Denver
Lesznik, George R; Denver
Lippert, William L; Colorado Springs
Lombard, Lou-Elizabeth J; Boulder; Denver

Madan, Veena; Denver
Magee, Archie E; Grand Junction
Malek, Denise G; Colorado Springs
Manhart, Richard A; Montrose
Marta, John A; Colorado Springs
Massey, Benjamin H; Pueblo
McCanless, James W; Pueblo
McClellan, Charles K; Denver
McCrary, Charles B; Brighton
Mehos, William G; Salida
Menhusen, Monty J; Denver
Michael, Christopher S; Denver
Mogab, John C; Greeley
Mueller, Edward E; Pueblo
Munson, Wayne M; Colorado Springs
Murphy, David M; Englewood
Murray, Ives P; Denver

Nash, Rex D; Colorado Springs
Near, Alida R; Denver; Castle Rock

Nevison, Thomas O; Denver
Newens, Adrian F; Denver
Nickell, Leo C; Englewood
Nieder, Robert M; Englewood
Norrie, Thomas K; Fort Collins
Novak, Deborah W; Grand Junction

Oakes, Frederick C Jr; Glenwood Springs
Ogin, Gary A; Englewood

Parker, Kay C; Denver; Morrison
Parkinson, Wendy M; Denver
Peetz, Shelley L; Greeley
Pence, Tom K; Colorado Springs
Peshock, James R; Boulder
Piccone, Anthony D; Denver
Pick, Melvin M; Colorado Springs
Pierce, Alson F; Peyton
Pratt, Thomas C; Durango
Press, Peter; Denver
Puckett, William N; Denver

Quinby, James L; Denver

Rastrelli, Alan J; Denver; Littleton
Rechnitz, Gary D; Fort Collins
Reed, Jay A; Loveland
Richardson, Kenneth R; Lakewood; Littleton
Rogers, Jean C; Denver; Aurora
Roos, Edith E; Denver; Littleton
Rosenberg, Stuart G; Denver; Morrison
Ross, Michael C; Denver
Ruggera, Gary C; Durango
Ryan, John P; Boulder

Salimbeni, Julio C; Fort Collins
Sederberg, James; Denver
Sell, Dean J; Denver
Serfling, Clarence H; Oceanside CA
Shaw, Thomas J; Denver
Shidler, Elmore J; Denver
Smith, Ronald E; Grand Junction
Sneddon, Wallace A; Longmont
Song, Yo-Jun; Greeley
Sowl, Duane D; Boulder
Stacey, N Russell Jr; Longmont
Stedman, Edith L Bratton; Sarasota FL
Stein, Donald W; Boulder
Steiner, Eric L; Denver
Story, Fred L Jr; Evergreen
Strand, Melford L; Denver; Englewood
Swain, Robert B; Colorado Springs
Swanson, Robert L; Durango

Tarlie, Ansel; Englewood
Tharp, James A; Denver; Littleton
Thomas, B Lewis Jr; Grand Junction
Tiu, Celsa T; Denver
Tomlinson, Charles O; Denver
Trautner, Marilyn P; Denver; Littleton

Vacanti, John J; Lakewood
Valentine, John D; Denver
Vickland, James R; Longmont; Berthoud
Virtue, Robert W; Denver

Wassill, Valerie M; Denver
Watson, Donald D; Wheat Ridge; Lakewood
Weddel, Stephen J; Longmont
Wick, Albert M; Denver; Littleton
Williams, Michael J; Denver
Williams, Roger A; Denver; Englewood

Willis, Murray S; Wheat Ridge
Willis, Thomas M; Cortez
Wilson, Linda L; Denver; Boulder
Wingle, Virginia; Denver
Winter, Clara L; Englewood

Zarlengo, Charles V; Denver; Lakewood
Zelkind, Donald R; Denver

ARTHRITIS

Clayton, Mack L; Denver

ASTHMA

Andrews, Francine G; Lakewood; Littleton

Bodman, Stephen F; Colorado Springs
Buckley, Jerome M; Aurora; Denver

Gabelman, Omer P; Grand Junction; Cape Coral FL
Golbert, Thomas M; Lakewood

Karlin, Joel M; Lakewood; Denver

McClellan, Charles W; Colorado Springs
Moehring, Roswitha; Denver

Nathan, Robert A; Colorado Springs

Pearlman, David S; Aurora; Englewood

Reddy, Carol F; Denver

Service, William C; Colorado Springs

Vedanthan, P K; Fort Collins

BLOOD BANKING PATHOLOGY

Dawson, Donald L; Colorado Springs

BRONCHO-ESOPHOLOGY

Hartshorn, Denzel F; Grand Junction

Kinzler, Dale L; Arvada

Rainer, W Gerald; Denver

CARDIOLOGY

Backup, Linda D; Longmont; Lyons
Blonder, Ronald D; Colorado Springs

Cadigan, Robert A Jr; Colorado Springs
Carson, Richard; Littleton; Englewood

Duffey, Daniel J; Grand Junction

Eframo, Frederick W; Aurora; Englewood

Ferrell, John T; Denver; Westminster
Flanigan, Richard J; Denver
Friedman, H Harold; Denver

Greenberg, David I; Colorado Springs
Greenberg, Jerry H; Aurora

Haas, John M; Aurora; Englewood

Hahn, Gary W; Wheat Ridge
Hays, John C; Colorado Springs
Hilty, Raymond W Jr; Boulder

Jensen, Susan R; Colorado Springs
Jones, Rodney H; Lakewood

Kayser, Harold L; Littleton
Kucinski, Chester S; Colorado Springs

Laman, Muryl L; Pueblo
Larson, Dennis G; Fort Collins
Law, Ronald K; Denver; Englewood
Lesage, Charles H Jr; Wheat Ridge

Marsh, Randall C; Greeley
Miklin, Jerry S; Wheat Ridge
Miller, E Eugene; Colorado Springs
Miller, Eugenia M; Aurora
Miller, J Brian; Colorado Springs

Okin, J Thos; Denver

Rapp, Alan D; Colorado Springs

Schneider, Dieter W; Denver
Sherman, Morton E; Aurora; Englewood
Smith, G Paul; Grand Junction
Sulzer, Allan M; Denver

Vancamp, Wesley; Pueblo West

Ward, Jonathan M; Boulder
Webel, Jacob; Grand Junction
Weber, Bruce J; Aurora
Weissler, Arnold M; Denver
Wood, Edward H; Colorado Springs

Zimmerman, Robert L; Colorado Springs

CARDIOVASCULAR DISEASES

Adams, Ralph W; Colorado Springs

Backup, Linda D; Longmont; Lyons
Battock, Dennis J; Aurora
Baum, Robert S; Denver

Clifford, Nathan J; Greeley
Cole, Brian; Colorado Springs
Cook, William R; Denver
Craddock, Lane D; Denver

Duman, Louis J; Denver

Flanigan, Richard J; Denver
Frey, Charles T; Cedaredge

Giansiracusa, Richard F; Loveland
Glode, John E; Longmont; Hygiene
Godfrey, Clarke C II; Denver
Gordon, Gerald S; Denver; Littleton
Greenberg, David I; Colorado Springs

Haas, John M; Aurora; Englewood
Hoffman, Murray S; Denver
Huffman, Thomas A; Denver; Longmont
Humphries, William C Jr; Greeley
Hutcherson, John D; Denver

Khan, Iqbal S; Pueblo

CARDIOVASCULAR DISEASES - CLINICAL PATHOLOGY

Kleiner, John P; Colorado Springs
Kowal, Ira J; Englewood; Littleton
Kucinski, Chester S; Colorado Springs

Leavitt, Timothy W; Wheat Ridge; Arvada
Levitt, Peter W; Denver
Lockspeiser, Lester; Denver
Luckasen, Gary J; Fort Collins

McClellan, Charles W; Colorado Springs
Mead, Alexander; Denver
Mendoza, Carlos A; Westminster
Miller, J Brian; Colorado Springs
Molk, Barry L; Aurora
Moothart, Richard W; Colorado Springs

Overy, Hugh R; Denver

Pacheco, Jose P; Westminster
Pacini, Donald R; Grand Junction
Ptasnik, Michael J; Denver

Rapp, Alan D; Colorado Springs
Richardson, J William; Denver

Sable, David L; Fort Collins
Sarche', Michael A; Denver
Sbarbaro, James A; Pueblo
Schoonmaker, Fred W; Denver
Schuchman, Harvey A; Denver; Englewood
Sellers, Dilworth P; Colorado Springs
Shander, David; Denver
Sheehan, Mark W; Denver; Englewood
Slonim, N Balfour; Denver
Smith, Barry R; Denver; Littleton
Snyder, Gary L; Grand Junction
Snyder, Joseph; Denver
Spangler, Richard D; Denver
Stachler, John M; Pueblo
Steele, Peter P; Denver
Stjernholm, T Christian; Pueblo
Svinarich, J Thomas; Denver; Westminster

Turvey, B Edward Jr; Boulder

Vigoda, Philip S; Denver; Englewood
Vijay, Nampalli K; Denver; Englewood

Weily, Hugh; Denver
West, Norman L; South Fork
Wolf, Phillip S; Denver
Wong, Bert Y; Colorado Springs

CARDIOVASCULAR SURGERY

Anderson, James T; Colorado Springs

Blair, Emil; Denver
Brantigan, Charles O; Denver

Campbell, David N; Denver; Littleton
Carey, Thomas A; Denver
Carson, Stanley D; Denver
Clarke, David R; Denver

Demong, Charles V; Denver

Edgerton, James R; Colorado Springs
Elliott, Donald P; Denver

Grow, John B Sr; Denver

Halseth, Wm L; Denver; Parker
Harken, Alden H; Denver; Littleton
Harwood, James T; Denver; Englewood
Hattler, Brack G Jr; Denver
Heiser, John C; Colorado Springs
Hoffman, James F Jr; Fort Collins

Jones, Arthur F; Wheat Ridge; Lakewood

Kamau, Pius K; Aurora

Lindeman, George M; Colorado Springs

Manart, Frank D; Denver
Meza, Felix; Denver

Pappas, George; Denver; Littleton
Parker, Richard K; Denver
Paton, Bruce C; Denver
Petersen, Warren A; Grand Junction
Pomerantz, Marvin; Denver; Englewood
Prevedel, Arthur E; Denver
Propp, John G; Denver

Rainer, W Gerald; Denver
Randono, John J; Colorado Springs

Sadler, Richard L; Pueblo
Sadler, Theodore R Jr; Denver
Salata, John R; Colorado Springs
Schechter, Philip A; Littleton; Englewood
Schorlemmer, Gilbert R; Pueblo
Smail, W Carlyle Jr; Denver; Englewood
Smith, Daniel L; Denver; Englewood
Spees, Everett K Jr; Denver
Stanton, Michael W; Greeley

Thompson, Keith E; Greeley

Voiles, J. David; Fort Collins

Walker, E Lance; Denver; Littleton
Weston, Eugene L; Lakewood; Golden
Wotkins, Roger S; Wheat Ridge; Lakewood

Yajko, R Douglas; Glenwood Springs
Young, David H; Denver; Englewood

CHILD NEUROLOGY

Bernstein, Lawrence H; Denver

Daven, Joel R; Pueblo

Ellison, Patricia H; Denver

Finkel, Richard S; Denver; Golden

Levisohn, Paul M; Denver

Nay, Leston B; Littleton; Denver

Thulin, Barbara W; Englewood

CHILD PSYCHIATRY

Berson, Deane S; Colorado Springs

Carlson, Robert G; Denver
Clark, Lee W; Denver

Cline, Foster W Jr; Evergreen
Cresswell, George F; Colorado Springs

Dank, Gerald M; Boulder

Everett, Ralph E; Colorado Springs

Firestone, Marvin H; Boulder

Graham, William H; Aurora; Denver

Hauser, Charles E; Colorado Springs
Hopple, Lynwood M; Montrose

LaBaw, Wallace L; Denver; Boulder
Lauer, James W; Denver
Locketz, Harold D; Denver

Marx, Johann R; Denver
Minsky, Joan E; Denver

Rabin, Ronald A; Denver
Rose, Cynthia P; Colorado Springs
Rosen, Gary B; Boulder
Ryan, Steven J; Denver

Sadler, John E Jr; Denver
Shulruff, Steven M; Denver
Solomon, Maurice C; Colorado Springs
Sykes, William M; Denver; Golden

VandePolder, Jean A; Denver

CLINICAL PATHOLOGY

Adams, William R; Denver
Aikawa, Jerry K; Denver
Allen, Patrick C; Loveland
Altshuler, John H; Denver; Englewood

Baitlon, Domingo; Pueblo
Benson, Alan E; Longmont
Bowerman, David L; Colorado Springs

Carver, Robert K; Englewood; Aurora
Clifford, John H; Denver; Englewood
Cox, William F Jr; Wheat Ridge; Golden

Dawson, Donald L; Colorado Springs
Decker, John T; Fort Collins
Dillon, Robert F; Colorado Springs

Elzi, Ernest P; Denver
Englund, Garth W; Fort Collins

Howland, William W; Boulder

Jones, Rodney H; Lakewood

Kircher, Lorence T III; Colorado Springs
Knaus, Kendal C; La Junta

Lawshe, Barret C; Colorado Springs

McKinnon, George E; Pueblo
McQuaid, James L; Denver

Olshock, Richard; Wheat Ridge

Philpott, Peter J; Englewood
Pizzo, Christopher J; Denver

Poulsom, Edwin D; Denver

Rouge, Donn A; Pueblo

Sherwin, Richard M; Colorado Springs
Smith, Elwin A; Denver; Littleton
Steinbrecher, Jerry S; Glenwood Springs
Stewart, Robert S; Pueblo

Visconti, Paul B; Denver; Aurora

Weil, Jerry; Greeley

CLINICAL PHARMACOLOGY

Dunn, James M; Littleton

Gottlieb, Thomas B; Arvada

COLON & RECTAL SURGERY

Adams, Francis S Jr; Pueblo

Buck, George R; Denver

Capek, Richard B Sr; Pueblo
Cohen, Edmond F; Scottsdale AZ
Cohen, Richard S; Lakewood; Denver

Day, John R M; Boulder

Gerrard-Gough, Brodie; Colorado Springs; Falcon
Greer, Joseph C; Denver

Jacques, Thomas F; Denver

Katchian, Azad; Wheat Ridge
King, Michael L; Pueblo
Kirshenbaum, Gerald; Aurora; Englewood

Lavoo, John W; Colorado Springs

MacPhee, William M; Aurora; Denver
Mangum, William K; Greeley
Mozia, Nelson I; Wheat Ridge; Golden

Schwartz, Arthur A; Aspen

Thompson, Keith E; Greeley

Waggener, H U; Denver

CRITICAL CARE MEDICINE

Abernathy, Charles M Jr; Montrose

Bechtel, Joel J; Grand Junction
Berg, Robert N; Denver; Englewood
Buckley, John E; Denver

Demarco, Frank J Jr; Wheat Ridge

Fellers, Neal H; Greeley

McClung, Harvey W; Pueblo
Miller, Terry D; Wheat Ridge; Arvada

Sandhaus, Robert A; Denver; Littleton

Tate, Robert M; Denver

Worley, Bob S; Wheat Ridge; Franktown

DERMATOLOGY

Aeling, John L; Aurora
Albright, Phillip H; Aurora
Ambler, John V; Denver
Asarch, Richard G; Englewood

Beyer, Eugene F; Colorado Springs
Blattner, Mary Austin; Greeley
Bowman, William J; Littleton; Denver
Bremers, Harold H; Denver; Englewood
Brenman, Steven A; Wheat Ridge
Burrow, Maida L; Grand Junction

Capin, Leslie R; Aurora
Clark, Scott D; Longmont
Cole, Larry W; Colorado Springs
Courtright, Claiborne L; Pueblo
Cunningham, Leon D; Colorado Springs

Davis, Windon H; Greeley
Dernovsek, Kim K; Pueblo
Dilorenzo, Pasquale A; Wheat Ridge; Arvada

Erickson, Larry R; Lakewood
Eubanks, Stephen W; Denver

Fujisaki, Craig K; Denver

Gaughan, Lawrence J; Durango
Golitz, Loren E; Denver; Aurora
Grant, Paul J; Englewood; Parker

Humphries, Patricia B; Greeley

Imber, Richard J; Denver

Koehn, Gerard G; Colorado Springs
Kort, W Thomas; Lakewood; Littleton
Kreye, George M; Littleton

Lewis, Barton L; Colorado Springs
Lewis, Leonard A; Miami FL; Coral Gables FL
Lillis, Patrick J; Loveland
Loeffler, Anna T; Englewood

Maloney, James M III; Denver
Mandel, Mickey J; Denver; Englewood
Markewich, Gary S; Colorado Springs
McCoy, James A; Colorado Springs
Musman, David J; Englewood

Nelson, Marvin C; Denver
Nuss, Donald D; Aurora

Oppenheim, Walter H; Wheat Ridge
Orton, Paul W; Highlands Ranch; Littleton

Philpott, Osgoode S; Denver
Philpott, Osgoode S Jr; Denver; Englewood

Rashleigh, Perry L; Grand Junction
Ravin, Rose S; Denver
Reed, Barbara R; Denver; Englewood
Rickard, Paul C; Boulder
Ruggles, Charles W; Colorado Springs
Russell, George R; Boulder
Ryan, Sonia C; Lakewood; Golden

Sayers, C Paul; Fort Collins
Schmidt, John J; Pueblo
Sorkin, Marc J; Denver
Steinbaugh, John R; Boulder; Louisville
Stiefler, Richard E; Grand Junction
Swinehart, James M; Denver

Thomason, Laura M; Denver
Tice, Frederick G Jr; Pueblo

West, B Lynn; Fort Collins
Wiley, Hugh S; Denver; Englewood
Wilson, Charles E; Ouray
Wright, Robert C; Denver; Westminster

Ziolkowski, Thomas J; Longmont; Boulder

DERMATOPATHOLOGY

Carver, Robert K; Englewood; Aurora

Dickey, Gary D; Denver; Littleton

Golitz, Loren E; Denver; Aurora

Howland, William W; Boulder

Lewis, Barton L; Colorado Springs

Mandel, Mickey J; Denver; Englewood

Philpott, Peter J; Englewood

Ryan, Sonia C; Lakewood; Golden

Stiefler, Richard E; Grand Junction

DIABETES

Alsever, Robert N; Pueblo

Ballonoff, Larry B; Denver; Englewood
Bosworth, Robert G Jr; Denver

Fineman, Bruce G; Denver

Kroger, J Stephen; Longmont
Kuna, Gupta B; Pueblo

Maruca, Joseph; Grand Junction
McClellan, Charles W; Colorado Springs
McDonald, Keith M; Denver

Rowan, Aloysius I Jr; Aurora
Rudolph, Merritt C; Denver; Englewood

Schemmel, Janet E; Denver
Sheridan, E Paul; Denver
Sherman, Susan A; Aurora; Englewood

Zemel, Leonard R; Aurora

DIAGNOSTIC RADIOLOGY

Absher, William K; Pueblo
Ain, Jonathan D; Aurora; Englewood
Atkinson, Roy J; Englewood

Ball, Michael E; Pueblo
Bardin, Billy J; Durango

DIAGNOSTIC RADIOLOGY - EMERGENCY MEDICINE

Borgstede, James P; Colorado Springs
Bourne, Eugene E; Denver; Englewood
Bub, Joan B; Denver; Englewood
Burmeister, Glen E; Englewood; Castle Rock

Cadora, Donald F; Boulder
Carpenter, Craig M; Denver
Compton, James F; Fort Collins

Day, James H Jr; Colorado Springs
Diffie, Joe T; Colorado Springs; Woodland Park
Dreisbach, James N; Englewood

Eule, John Jr; Denver
Ewing, Wyman F; Pueblo

Furze, James M; Durango

Gaynor, Laurence F; Englewood
Gerhold, John P; Denver; Englewood
Golditch, Monte E; Colorado Springs; Monument

Holt, Steve A III; Denver; Lakewood
Hunter, Robert D; Englewood

Johnson, Vaughn A; Durango

Klingensmith, William C; Denver; Englewood

LaMotte, Gary A; Pueblo
LoSasso, Carl J; Fort Collins
Luethke, James M; Aurora; Denver
Luttenecker, Thomas J; Fort Collins

Maclean, James E; Grand Junction
Manke, William F; Denver; Englewood
McDaniel, David B; Grand Junction
McMullen, Craig T; Colorado Springs
McMullen, R Bard; Colorado Springs
Miller, Wayne A; Denver; Evergreen

Nowinski, Donald M; Boulder
Nystrom, John S; Glenwood Springs

Oppenheimer, David A; Boulder

Patterson, Stuart A; Fort Collins
Perrott, Walter W III; Colorado Springs
Pischinger, Russell J; Longmont

Rayburn, Charles R Jr; La Junta
Rector, Susan E; Boulder; Longmont
Roesler, Paul J; Colorado Springs
Rogers, William F; Colorado Springs

Seibert, Charles E; Englewood; Littleton
Smiley, Scott L; Pueblo; Pueblo West
Stavros, A Thomas; Englewood
Steines, William J; Englewood
Stevens, Sydney L; Littleton
Sutherland, Jerome D; Englewood; Denver
Swanson, Wendel B; Englewood; Littleton
Sweeney, James P; Colorado Springs

Ugale, Janice J; Denver; Englewood

Vickers, C William; Colorado Springs
Vickery, Katherine; Denver

Wagner, Kay E; Sterling
Walters, Mark R; Durango
Wells, Gerald C; Littleton; Englewood

White, Eric A; Denver
Wilson, James P; Denver; Aurora
Wolf, Robert J; Lakewood; Denver
Wulfsberg, Einar J; Pueblo

Yost, Raymond V; Denver; Aurora

EMERGENCY MEDICINE

Abbott, W Richard; Boulder
Allen, Brian J; Greeley
Allen, Thomas J; Loveland
Arnold, Andrew L; Winter Park; Tabernash
Axelrod, Stephen L; Denver

Barber, Frank E; Denver
Barbero, J Fred; Grand Junction
Beck, Dennis M; Aurora; Boulder
Bergland, Bert E; Estes Park
Bevan, William A Jr; Vail; Eagle-Vail
Birn, Jeffrey I; Thornton
Black, William L; Canon City
Blanchard, Thomas J; Commerce City; Northglenn
Bookman, Lawrence B; Steamboat Springs
Bronstein, Alvin C; Denver
Brooks, Laurence W; Vail; Edwards
Brunko, Michael W; Denver
Bryson, Peter D; Golden
Burton, Richard M; Colorado Springs

Cameron, Marvin N; Aurora; Denver
Canham, Douglas E; Aurora
Carter, Clinton K; Westminster; Brighton
Carter, John E; Boulder
Cartier, John W; Durango
Castle, Everett R; Durango; Tucson AZ
Chaffee, Charles B; Wheat Ridge; Denver
Chapman, Dane M; Denver; Littleton
Christensen, Robert W Jr; Canon City
Clifton, Guy D; Denver
Cline, Donald W; Salida
Cohen, Milton I; Colorado Springs
Colton, Albert H; Longmont; Boulder
Conrad, Lily C A; Idaho Springs
Creer, Stephen M; Englewood; Littleton
Crouch, Dee B; Boulder
Cusick, James M; Denver

Dietel, David H; Grand Junction
Dillon, Jack T; Colorado Springs
DiNapoli, Jim; Colorado Springs; Woodland Park
Dinerman, Norman; Denver
Dracon, Dan; Lakewood
Drake, Thomas R; Denver
Drury, Lawrence R; Denver; Evergreen
Dubelman, Alan D; Thornton; Denver
Duke, William F; Grand Junction

Edwards, Robert A; Loveland
Ehrlich, Alan J; Denver; Boulder
England, Jack D; Aurora; Sedalia

Farrin, John C; Golden
Freedman, William W; Colorado Springs
Friedman, Joseph B; Thornton; Boulder

Garrett, William F Jr; Denver
Garry, Stephen H; Colorado Springs
Gifford, Marilyn J; Colorado Springs
Glismann, John P; Aspen
Goldstein, Charles; Denver

Golladay, Donald E; Trinidad
Gordon, Gerald S; Denver; Littleton
Gordon, Irit W; Aurora; Denver
Grayson, David E; Brighton
Greenheck, Robert R; Denver; Aurora
Greisman, Stewart L; Englewood; Littleton
Gruber, James E; Denver; Englewood

Hall, Alan H; Denver; Aurora
Hamilton, Robert S; Colorado Springs; Pueblo
Harms, Thomas L; Greeley
Hartl, Richard W; Colorado Springs
Hartner, Mark J; Denver
Hashimoto, Christine; Denver
Hebert, James O III; Delta; Telluride
Heinz, Stephen M; Denver
Hill, Douglas M; Thornton; Morrison
Hoffenberg, Stephen R; Denver; Lakewood
Hogan, James L; Westminster; Longmont
Hornbaker, Charles L; Colorado Springs
Howard, William L; Brighton; Boulder
Huber, James A; Denver; Englewood
Hunt, Delwin M; Aurora
Hursh, Roger; Brighton; Denver
Hurst, John G; Greeley

Jernigan, Randal F; Durango
Jobin, Michael J; Loveland
Johnson, Roger F; Denver
Johnson, Stephen M; Durango
Jones, David W; Boulder
Jones, S Tisdal; Sun City AZ

Kanowitz, Arthur; Denver; Englewood
Kastendieck, Jon G; Denver
King, Otis J Jr; Colorado Springs
Kornfeld, Howard; Boulder
Kowalski, Leonard R; Aurora; Bailey

Larremore, Theodore W; Denver; Wheat Ridge
Lee, Robert K; Denver
Lefkowitz, Donald J; Denver
Lewis, Paul K Jr; Boulder
Loeffler, Richard T; Aurora; Littleton
Loehr, Richard E; Colorado Springs
Lund, Cynthia J; Colorado Springs

Madison, Bruce A; Denver
Markovchick, Vincent J; Denver; Golden
Martin, Travis W; Vail
Mayeda, Douglas V; Colorado Springs
McInerney, John R Jr; Golden
McKenna, Michael P; Longmont; Loveland
Meason, Thomas M Jr; Grand Junction
Moore, Larry A; Colorado Springs
Murphy, Carla E; Denver; Littleton
Musso, Carlo A; Denver
Myers, Burton S; Englewood

O'Brien, Martin E; Englewood; Littleton
O'Connor, Sharon E; Denver; Englewood
Opatowski, Michael B; Denver

Padua, Steve A; Delta
Paul, David H; Vail; Avon
Pearson, Phil C; Durango
Phelps, Dwight S; Denver
Piel, Michael T; Englewood
Platz, Victor; Colorado Springs
Pons, Peter T; Denver
Purdie, Frank R; Greeley

Repert, William B; Fort Collins
Richardson, Scott K; Westminster; Broomfield
Rosen, Peter; Denver
Rothgeb, Eric J; Aurora
Rowan, Aloysius I Jr; Aurora
Ruggera, Gary C; Durango

Schuett, Michael C; Denver
Schwartz, Jeffrey C; Greeley
Scott, Sarah K; Denver
Seydel, Frederick K; Evergreen; Denver
Smith, Stephen W; Aurora
Snodderley, Paul L; Fort Collins
Spivey, Danton B; Denver
Sprague, Dawin C; Johnstown
Sullivan, Philip J; Englewood; Denver
Sutton, James P; Denver
Sweeney, Michele K; Pueblo
Sydow, Sylvia; Denver

Taber, Robert L Jr; Denver; Breckenridge
Talley, Richard W; Littleton
Thompson, James D; Wheat Ridge; Silverthorne
Thompson, Michael K; Colorado Springs
Tuft, Charles M; Denver; Golden
Turnbow, Joe F; Boulder
Turner, Daniel T; Fort Collins; Greeley

Updegraff, Jeffrey G; Fort Collins

Vanetti, Carol S; Greeley
Veilman, W Peter; Wheat Ridge; Littleton
Vito, Richard A; Boulder
Vogt, Terry Ray; Evergreen

Wall, Paul M; Colorado Springs
Wall, Richard A; Colorado Springs
Watz, Hallet N; Colorado Springs
Webb, Charles W; Colorado Springs
Weil, Lawrence J; Fort Collins
Wexler, Ralph M; Aurora; Denver
Wiederman, Francis J; Denver
Williams, Fred O; Evergreen
Winkler, James V; Denver; Boulder
Woodland, John B; Lafayette; Boulder

Youngberg, Joseph T; Englewood

Zoller, Gregory W; Denver; Englewood

ENDOCRINOLOGY & METABOLISM

Alsever, Robert N; Pueblo

Ballonoff, Larry B; Denver; Englewood
Barter, Mark; Denver

Dernovsek, Kenneth D; Pueblo

Gold, Larry A; Colorado Springs

Higgins, Thomas; Boulder

Kuna, Gupta B; Pueblo

Maruca, Joseph; Grand Junction
McDonald, Keith M; Denver
Munson, William A; Colorado Springs

Nibbe, Albert F; Wheat Ridge; Lakewood

Osa, Steven R; Denver; Littleton

Podlecki, David A; Longmont
Poticha, Gerald S; Littleton; Englewood

Roberts, Donald M; Denver
Rudolph, Merritt C; Denver; Englewood

Schemmel, Janet E; Denver
Sherman, Susan A; Aurora; Englewood
Stjernholm, Melvin R; Boulder

Watt, John E; Greeley

Zemel, Leonard R; Aurora

EPIDEMIOLOGY

Eickhoff, Theodore C; Denver; Littleton

Wright, Richard A; Denver

FACIAL PLASTIC SURGERY

Bedard, Charles H; Pueblo
Berlin, Barry P; Littleton
Burgert, Paul H; Glenwood Springs
Burrow, Claude H; Boulder

Charles, David M; Denver
Cramer, Lester M; Colorado Springs

Dragul, Paul H; Denver; Englewood

Hartshorn, Denzel F; Grand Junction

Jones, Roy W; Denver; Englewood

Kinzler, Dale L; Arvada
Krekorian, Edmund A; Denver; Aurora

Lipkin, Alan F; Denver

Merkel, William D; Grand Junction

Padmos, Richard E; Boulder

Ranzenberger, Steven S; Colorado Springs
Rodriguez, Jose L; Glenwood Springs

Shippert, Ronald D; Aurora; Littleton
Smith, Bruce M; Fort Collins

Tegtmeier, Ronald E; Golden
Thornton, William R; Fort Collins

Walker, Ian G; Colorado Springs

Zbyski, Joseph R; Denver; Englewood

FAMILY PRACTICE

Adams, Lief E; Thornton; Northglenn
Adolf, Arlis M; Denver
Aikin, Kent R; Mancos
Allbright, James R; Conifer
Allen, Thomas J; Loveland
Anderson, N Paul E; Estes Park
Anderson, William E Jr; Loveland
Anthony, Ward R; Wheat Ridge
Apling, Mark L; Naturita

Armour, Ross W; Longmont
Armstrong, John P; Gunnison
Arnold, Andrew L; Winter Park; Tabernash
Arnold, Jennifer; Englewood
Artist, Ricky L; Rifle
Aschenbrener, Pamela; Pueblo
Ashbach, Nancy W; Loveland
Asunsolo, Leopoldo G; Denver
Atkinson, Kenneth; Littleton; Englewood
Auringer, Michael; Kremmling; Fort Collins
Axelrod, Stephen L; Denver

Bachman, James J; Frisco
Bagga, Gurbakshish S; Denver
Bagley, David L; Eaton; Greeley
Bailey, Austin G Jr; Fort Collins
Baldwin, Thomas E Jr; Greeley
Ballard, Phillip W; Colorado Springs
Banker, Michael W; Canon City
Barbero, J Fred; Grand Junction
Barnhart, Eric D; Northglenn; Denver
Basow, William M; Fort Collins
Bates, David E; Eaton
Baumgardner, Jan F; Boulder

Beach, Don E; Delta
Beasley, D J; Boulder
Becker, Bruce A; Lakewood; Littleton
Bender, Edward L; Fort Collins
Benedict, Daniel B; Denver
Bennett, Dana R; Pueblo
Bennett, Robert J Jr; Delta
Bennion, Ben W; Denver
Benton, Donald F; Lamar
Bentz, Steven D; Fort Collins
Berg, Dal H A; Thornton; Westminster
Berg, Mary J; Ordway
Bergland, Bert E; Estes Park
Birmingham, Roger P; Fort Collins
Berns, Barry R; Windsor; Fort Collins
Berry, Jack L; Wray
Bevan, William A Jr; Vail; Eagle-Vail
Bishop, Richard P; Broomfield
Blanchard, Thomas J; Commerce City; Northglenn
Blattspieler, S F; Colorado Springs
Bliss, Robert J Sr; Fort Collins
Blixt, James K; Security
Bock, George W; Craig
Bogner, Phillip J; Del Norte
Bohlender, Timothy D; Denver; Westminster
Bol, Morris; Denver
Bolles, Frank P; Boulder
Bonnet, Carol G; Grand Junction
Borkert, Daniel T; Lakewood; Denver
Boyd, John A K; Durango
Boyle, Kevin J; Berthoud; Loveland
Bradley, Robert C; Windsor
Brassfield, T Scott; Colorado Springs
Britton, Kent R; Cortez
Brockway, Roger W; Longmont
Brodie, Harry; Littleton
Bronstein, Alvin C; Denver
Brooks, Laurence W; Vail; Edwards
Brown, Woodrow E; Hotchkiss
Brundige, Ralph E; Lakewood; Denver
Brundige, Richard L; Lakewood
Buchwald, Fred; Evergreen
Buglewicz, John V; Florence
Bull, Heman R; Grand Junction
Bunch, Littleton J; Alamosa
Burnham, Linda A; Fort Collins
Burton, William V; Boulder
Byers, Richard H Jr; Monte Vista

FAMILY PRACTICE

Cain, Leonard W; Cortez; Dolores
 Callen, Wayne L; Leadville
 Cameron, Marvin N; Aurora; Denver
 Cameron, Mercedes E; Grand Junction
 Campbell, Velma L; Pueblo
 Cantor, Avrim; Colorado Springs
 Carey, Michael V; Windsor
 Carlson, Hillis G; Fort Collins
 Carpenter, Julie; Boulder
 Carrillo, Alfred B; Louisville
 Carter, Clinton K; Westminster; Brighton
 Cary, Margaret A; Denver
 Cavanaugh, Patrick R; Longmont
 Cease, James I; Northglenn; Denver
 Cedars, Chester M; Denver; Englewood
 Cerrone, Donald A; Wheat Ridge
 Chan, Anthony W; Westminster
 Chesley, Charles C; Greeley
 Chisholm, R Neil; Denver
 Christie, George C; Canon City
 Claassen, Duane A; Lakewood; Denver
 Clark, Curtis C; Sterling
 Clark, D J; Sun City CA
 Clark, Darrel Christian; Grand Junction
 Clark, Douglas P; Colorado Springs; Monument
 Clemens, Orrie G; Loveland
 Cline, Donald W; Salida
 Codd, Richard L; Fort Collins
 Collins, Thomas J; La Porte; Fort Collins
 Cooper, Bruce D; Evergreen
 Cooper, Jack; Colorado Springs
 Corliss, Scott A; Greeley
 Corona, Joseph A; Greeley
 Corren, Howard L; Aurora
 Cosh, Glenn M; Lakewood
 Coulter, Robert L Jr; Wheat Ridge
 Cram, Jon J; Littleton
 Cranor, John D; Fort Collins
 Crawford, Lewis A; Colorado Springs
 Cullen, John P; Greeley

Daarud, R Scott; Boulder; Louisville
 Daarud, Richard C; Boulder
 Dahl, John H; Lakewood; Denver
 Dallow, Kurt T; Eaton
 Danforth, James C; Loveland
 Darling, Bradford L; Englewood; Littleton
 Dawson, Dwight C; Colorado Springs
 Day, C Michael; Norwood
 DeAlva, William E G; Denver
 Dean, Val C; Englewood
 Denegri, Alberto; Fort Lupton; Denver
 Deterding, Karl T; Durango
 Detwiler, Floy E; Greeley; Windsor
 DeYoung, M T; Fort Collins; Livermore
 DiAsio, Richard A; Colorado Springs
 Dirks, David W; Grand Junction
 Dlugos, Thomas P; Colorado Springs
 Doig, David J; Lakewood
 Doig, William L; Lakewood
 Doneskey, Paul W; Cortez
 Doyle, Herman E; Denver
 Dubelman, Alan D; Thornton; Denver
 Dudley, James R; Steamboat Springs
 Dunaway, Marvin R; Boulder
 Dunkin, Don E; Thornton; Brighton
 Dunn, James R; Grand Junction
 Dysart, Richard A; Delta

Eddy, Richard L; Boulder
 Edmundson, Arlo R; Morrison

Edwards, James E; Colorado Springs
 Edwards, Robert A; Loveland
 Ehlers, Gordon H; Denver; Englewood
 Ellis, Richard E; Denver; Englewood
 Ely, Janet L; Colorado Springs
 Ervin, Don L; Denver; Evergreen
 Essig, Julia A; Broomfield
 Evans, Richard O; Colorado Springs
 Ewing, Peter C; Boulder

Farrin, John C; Golden
 Feeney, Jonathan C; Vail; Eagle-Vail
 Feinsinger, Greg; Glenwood Springs
 Feldman, Laura L; Colorado Springs
 Fellhauer, Daniel R; Colorado Springs
 Ferguson, Joe R III; Greeley
 Ferriss, David M Jr; Denver
 Fischer, John A; Northglenn; Thornton
 Fisher, H Calvin; Colorado Springs
 Fishman, Paul J; Denver
 Flaxer, Carl; Denver
 Fletcher, Christopher S; Littleton
 Flora, Mark S; Frisco; Dillon
 Flower, Thomas J; Greeley
 Ford, John J III; Westminster
 Fox, John E; Penrose
 Frangos, Pete G; Denver
 Frantz, Rae Ann; Boulder; Louisville
 Fredericks, Charles E; Colorado Springs
 Freedman, Philip E; Vail
 Freudenburg, James C; Longmont
 Frey, Charles T; Cedaredge
 Frickman, Carl E; Loveland
 Frye, Jearl F; Cortez; Delores

Gaede, Gary L; Aurora
 Gage, R Wayne; Colorado Springs
 Gamache, Peter J; Florence
 Garcia, Elizabeth M; Pueblo
 Garcia, Louise S; Pueblo
 Garland, Gerard L; Denver
 Geller, I Benjamin; Denver
 Gellrick, Caroline M; Lakewood
 Gentry, Robert P; Greeley
 Geppert, Margo J; Fort Collins
 Gilman, Harold E; Rancho Mirage CA
 Gipson, Bernard F Jr; Denver
 Gjellum, George R; Golden
 Glasser, Richard H; Denver
 Goldstein, Charles; Denver
 Golladay, Donald E; Trinidad
 Gonzales, Eugene A; Monte Vista; Alamosa
 Goodman, Edward H; Brush; Fort Morgan
 Gordon, John D; Broomfield; Denver
 Gorelik, Julia; Broomfield; Westminster
 Gorman, Richard W; Aurora
 Grabow, Henry C; Canon City
 Gradison, Maggie; Aurora; Evergreen
 Grayson, David E; Brighton
 Grazi, Sol Jay; Aurora
 Green, Deborah; Fort Lupton
 Greenholz, Daniel J; Aurora; Denver
 Greensher, Arnold; Colorado Springs
 Gregory, James J; Northglenn
 Griebel, Gerald W; Cortez
 Griffith, John B; Englewood
 Grosboll, Robert N; Loveland
 Grossman, Daniel R; Pueblo
 Grover, Isabelle E; Lakewood
 Guy, Reginald; Montrose

Hackney, Terry L; Louisville; Boulder

Hailey, Mark A; Loveland
 Halfmann, Lee R; Aurora; Denver
 Ham, Anthony L; Greeley
 Hammond, R Scott; Westminster; Evergreen
 Hannemann, Martin D; Aurora; Golden
 Hanson, Russell H; Estes Park
 Harper, Barry K; Fort Collins
 Harrison, Judith A; Durango
 Hattem, Albert R; Fort Lupton; Denver
 Haug, Norman L; Del Norte
 Houghton, Kevin M; Denver
 Hayman, Mark P; Strasburg
 Haynes, Robert G; Lakewood
 Hearne, Diana L; Greeley
 Heaton, Warren A; Castle Rock
 Hemming, John G Jr; Lakewood
 Henderson, Kenneth R; Denver; Broomfield
 Herrington, Richard A; Carbondale
 Hesse, Eugene J; Lasalle; Greeley
 Heuscher, Enno F; Grand Junction
 Heyl, Robert A; Cortez
 Hibbard, H Davis; Louisville; Boulder
 Hick, Lawrence L; Sheridan WY
 Hickman, Gerald M; Boulder
 Higgins, Kerry T; Denver; Lakewood
 Hill, James R; Broomfield; Boulder
 Hites, James D; Fort Collins
 Hoffman, Richard E; Denver; Golden
 Hoisington, William D; Paonia
 Hoke, Timothy E; Colorado Springs
 Hollister, Elbert E; Lakewood; Evergreen
 Holmes, Joshua J; Grand Junction
 Hopman, Laurie; Pueblo
 Hornbaker, Charles L; Colorado Springs
 Hostettler, David P; Glenwood Springs
 Houlton, William G; Denver
 Hudson, John L; Boulder
 Huffmire, Andre J; Craig
 Huggins, Gerald A; Denver
 Humphrey, Robert N; Fort Collins
 Hurley, Grant W; Pueblo

Illige-Saucier, Martha; Denver
 Ingalls, Judith; Telluride

Jabour, Christy; Arvada
 Jackson, Ham; Fort Morgan
 Jacobs, Mary Jo; Glenwood Springs
 Jamison, Jacqueline H; Denver
 Janowski, Robert R; Denver
 Jared, Roy A II; Denver
 Jeffers, Thomas M; Arvada; Golden
 Jendry, Ronald J; Evergreen; Conifer
 Jernigan, Randal F; Durango
 Jimenez, Joseph P; Trinidad
 Jinich, Daniel B; Fort Collins
 Jobin, Michael J; Loveland
 Johnson, Bennie S; Colorado Springs
 Johnson, Scott S; Brighton
 Johnson, Steven M; Pueblo
 Johnson, Warren T; Putnam CT
 Joseph, Norman; Aurora
 Justin, Ingrid M; Fort Collins

Kadlub, Edwin D; Windsor
 Kail, Thomas J; Denver
 Kandel, Elisabeth E; Broomfield
 Kandel, George E; Denver; Littleton
 Kanger, William J Jr; Lakewood
 Katchian, Azad; Wheat Ridge
 Kelly, Barbara Fawcett; Lakewood; Denver
 Kief, Jan M; Arvada

Kiernan, R Martin; Denver; Mounment
 Kingston, Richard A; Grand Junction
 Kinzer, Edward J; Johnstown
 Kiovsky, Richard D; Aurora
 Kipfer, Roger K; Louisville; Boulder
 Kirchner, Robert L; Boulder
 Kirk, Jude J; Pueblo
 Kirkpatrick, Glen R; Buena Vista
 Knaus, Gary D; Carbondale
 Knopper, Morton P; Longmont
 Kovach, Drew A; Arvada
 Kraft, Elizabeth S; Littleton; Englewood
 Kramer, Ryan; Lakewood
 Kraus, G Thomas; Estes Park
 Krebs, Jeffrey J; Castle Rock
 Krichevsky, Paul; Lakewood; Golden
 Kruglet, Donald G; Fort Morgan
 Kulp, Robert L; Brush

Lackey, Charles W; Frisco
 Laitos, Mark M; Longmont
 Lamme, James M Jr; Walsenburg
 Landis, Henry; Lakewood; Denver
 Langley, James W; Westminster
 Langstaff, Saml H; Littleton
 Laubach, Sherri J; Lakewood
 Lee, Michael J; Lamar
 Leistikow, David C; Broomfield
 Lembitz, Alan M; Greeley
 Lembitz, Deanne D; Greeley
 Levenson, Ian R; Aurora; Englewood
 Levinson, Mark B; Aurora; Denver
 Lewis, Jeanne D; Boulder
 Ley, James W; Haxtun
 Licon, Virgilio; Pueblo
 Likes, Edwin C; Lamar
 Lindell, Kevin V; Fort Morgan
 Lingle, Jeffrey W; Northglenn
 Linn, David D; Conifer
 Lippman, Bruce D; Glenwood Springs
 Loken, Arnold B; Littleton
 Lovejoy, Brent V; Englewood
 Lovell, Kenneth R; Colorado Springs
 Lucas, John L; Denver; Littleton
 Lucy, Daniel R; Wheat Ridge
 Lumnitz, Janice S; Eagle
 Lundgren, John C; Julesburg

Mackell, Paul E; Boulder
 Mackey, Jack L; Sterling
 Madsen, Mark C; Grand Junction
 Maestas, Gilbert B; Denver
 Maggiore, John R; Glenwood Springs
 Makowski, Anthony J III; Highlands Ranch
 Malburg, Bernard J; Hayden; Craig
 Markel, William R; Broomfield
 Martin, Andrew J; Westminster; Broomfield
 Martin, Theodore E; Rocky Ford
 Martinez, Benjamin; Pueblo
 Maul, Herman S; Lakewood; Denver
 McCaffrey, Paul P; Pueblo
 McCall, Janis R; Greeley
 McCaughey, Paul T; Denver
 McCreery, Richard A; Colorado Springs
 McDonnel, Gerald E; Fowler
 McFarland, Douglas M; Trinidad
 McGarry, Joseph T; Florence
 McIlroy, Richard H Sr; Pueblo
 McLain, Phil C III; Estes Park
 McLaughlin, John D; Aurora
 McMillan, Michael J; Highlands Ranch
 McMurren, Jay W; Gunnison

Mead, Daina C; Fort Collins
 Mehos, William G; Salida
 Mehta, Uday K; Pueblo
 Mellinger, William J; Fort Morgan
 Mendez, William H; Denver
 Mercer, Jeannette Y; Windsor
 Merkel, Lawrence A; Fort Collins
 Milano, William J; Loveland
 Miles, Wilfred W; Aurora
 Miller, Charles H; Lakewood
 Miller, David C; Lakewood; Wheat Ridge
 Miller, Floyd J; Colorado Springs
 Miller, John L; Canon City
 Miller, Katherine M; Canon City
 Mohler, Philip J; Grand Junction
 Mohr, Gary Alan; Canon City
 Monheit, Peter I; Denver; Englewood
 Moore, Cyril S C; Denver
 Moore, Timothy J; Pueblo
 Morgan, Alma R; Fort Collins
 Morley, Alexander K III; Frisco
 Morrison, John D; Denver; Littleton
 Moser, Barbara E; Lakewood
 Mossberg, C Eugene; Longmont
 Munro, George F; Brighton
 Murphy, Joseph M; Durango

Nafziger, Steven D; Pueblo
 Nanna, Richard T; Denver
 Nason, Herbert M; Alamosa
 Netz, Howard E; Lakewood
 Nevarez, Max A Jr; Cedaredge
 Nevriy, Thomas; Fort Collins
 Nichol, Thomas W; Estes Park
 Noce, Michael A; Durango
 Noda, Albert Y; Denver
 Nonas, Nicholas G; Englewood; Denver
 Norton, Philip H; Aurora; Denver
 Nusca, Margaret T; Monument

O'Day, Fred T; Lakewood
 O'Dell, Robert A; Aurora
 O'Donnell, Sean C; Colorado Springs
 O'Neill, Eugene T; Denver; Englewood
 Olds, Kenneth M; Greeley
 Olivier, Brian D; Fort Collins
 Olson, Mark R; Limon
 Overturf, Bruce R; Fort Morgan
 Owens, Cynthia J; Parker; Englewood

Paap, Jack I; Colorado Springs
 Paddock, Michael R; Cortez; Dolores
 Page, Doris A; Denver
 Palu, Margaret E; Fort Morgan
 Parker, Joseph J Jr; Grand Junction
 Patt, Richard A; Aurora
 Patterson, Charles R; Ault
 Patterson, Robert B; Loveland
 Patridge, Mark F; Golden
 Paul, Allan L; Greeley
 Peak, James W; Montrose
 Pearse, Jack H; Yuma
 Pebler, Richard F; Limon
 Pederson, Janet L; Aurora
 Penn, Eugene C; Aurora
 Peoples, Grant; Aurora
 Perna, John L; Leadville
 Perry, Carmel P; Colorado Springs
 Persoff, Nathan S; Denver
 Petrie, Kent Alan; Vail
 Pfeifer, Lyle M; Fort Collins
 Phillips, Alfred M; Pagosa Springs

Piel, Michael T; Englewood
 Ping, Donald W; Denver
 Pinto, Randolph A; Boulder
 Pirtat, Martin P; Durango
 Pollard, Joseph S Jr; Colorado Springs
 Pollard, Marven J; Denver; Aurora
 Poppert, Dale L; Denver
 Post, Gary L; Englewood; Aurora
 Potter, Donald E; Canon City
 Power, Charles W; Lafayette
 Price, Richard A; Colorado Springs
 Price, Vernon H; Steamboat Springs
 Province, Darryl L; Pueblo

Quackenbush, Kirk T; Lakewood
 Quick, George E; Denver; Littleton
 Quintana, Phillip D; Aurora

Rabold, James G; Lafayette; Boulder
 Ramos, Michael A; Pueblo
 Rangel, Keith A; Greeley
 Rappe, Donald L; Durango
 Rauzi, Frank R; Littleton
 Ravin, Sheldon J; Colorado Springs
 Raye, Charles H; Pueblo; Colorado Springs
 Reents, William J; Loveland
 Reichert, Thomas K; Pueblo
 Reishus, Allan D; Craig
 Rendler, Michael Thos; Pueblo
 Reynolds, Judith U; Colorado Springs
 Rice, Glenn R; Boulder
 Ridgway, Don N; Paonia
 Ringel, Marc; Greeley
 Ritchie, Darvin R; Canon City
 Ritchie, Gary L; Canon City
 Ritzman, Vernon D; Wheat Ridge
 Roach, Susan I; Longmont
 Roark, Richard D; Fort Collins
 Rollinger, Charles L; Littleton; Denver
 Roney, Patrick J; Littleton; Denver
 Rose, Brian H; Lakewood
 Roth, Henry J; Denver
 Rowan, Aloysius I Jr; Aurora
 Rubright, Mark W; Longmont
 Ruiter, Richard; Pueblo
 Rule, Ingrid K; Fort Collins
 Rumley, A S; Fort Collins
 Ruybal, Jacob A Jr; Grand Junction

Salmen, Paul A; Glenwood Springs
 Salter, William J; Boulder
 Sampson, Lloyd S; Las Animas
 Sandell, Thomas G; Salida
 Sands, Arthur C; Fort Collins
 Santaguida, Rik; Idaho Springs; Evergreen
 Schafer, Donald R; Loveland
 Schmalhorst, Brian K; Fort Collins
 Schneider, Donald J; Denver
 Schulman, Eugene; Commerce City; Denver
 Schwartz, Kenneth A; Rifle
 Sealy, David P; Colorado Springs
 Seeton, James F; Fort Collins
 Segall, Neil C; Thornton; Denver
 Seydel, Frederick K; Evergreen; Denver
 Shane, James A Jr; Lakewood
 Sheldon, Jonathan; Denver
 Shenk, Douglas C; Grand Junction
 Shenkel, Roger C; Grand Junction
 Shoemaker, Larry D; Colorado Springs; Monument
 Short, Rande K; Fort Collins
 Shwayder, Aaron J; Denver
 Shwayder, Reynold I; Greeley

FAMILY PRACTICE - GASTROENTEROLOGY

Simon, Frederick S; Montrose
 Simon, John Jr; Englewood
 Simon, Robert B; Arvada
 Simons, David R; Boulder
 Sindler, Marc A; Canon City
 Skrei, Richard P; Pueblo
 Smernoff, Dean G; Denver
 Smilkstein, Daniel H; Steamboat Springs
 Smith, Christopher J; Pueblo
 Smith, David D; Pueblo
 Smith, Jerome I; Fort Collins
 Smith, Verne A; Grand Junction
 Smythe, Stephanie; Broomfield; Louisville
 Solano, Mark D; Denver
 Solt, Robert; Fort Morgan
 Sophocles, Aris M Jr; Denver
 Spangler, Ronald C; Highlands Ranch
 Spivey, Danton B; Denver
 Sprague, Dawin C; Johnstown
 Stahlman, Richard L; Greeley
 Stanley, Gerard J; Milliken; Johnstown
 Starkey, Gerald H Jr; Denver; Englewood
 Steiner, Jane C; Denver
 Stelle, Robert E; Colorado City
 Stephens, Floyd V Jr; Fort Collins
 Stevens, Wayne E; Lakewood
 Stoddard, Andrew P; Fort Collins
 Story, Helen M; Littleton; Evergreen
 Stoughton, John W; Greeley
 Straub, John C Jr; Littleton
 Strickland, Darwin J; Denver
 Sullivan, Neil F; Denver
 Sullivan, Wallace B; Pueblo
 Sunde, Paul M; Littleton
 Sundland, Barry R; Aurora; Denver
 Sunthankar, Lena M; Fort Collins
 Swarsen, Ronald J; Denver
 Syzek, Thomas E; Conifer; Bailey

Tanenbaum, Marc H; Longmont
 Tannenbaum, Philip D; Denver
 Tarr, John S Jr; Gunnison
 Tedeschi, John P; Colorado Springs
 Terbush, James W; Castle Rock
 Thieman, William J; Fort Collins
 Thiesen, Milford E; Fort Collins
 Thomas, H Dale; La Jara
 Thomas, Joseph D; Alamosa
 Thomasson, George O; Englewood; Highlands Ranch
 Thompson, J Thomas; Ault
 Thompson, Patrick L; Fort Morgan
 Thompson, V James; Boulder
 Thorson, Steven J; Fort Collins
 Thumim, Martin B; Lakewood; Littleton
 Ting, J Karyl; Broomfield
 Tippin, Steven B; Fort Collins
 Told, Thomas N; Craig
 Tracy, Herbert A; Canon City
 Tsuda, Hideya; Englewood

Valley, George E; Fort Collins
 Vanbuskirk, John A; Englewood; Littleton
 Vanderschouw, H M; Leadville
 Vanderschouw, Martin G; Fort Collins
 VanGemert, Robert J; Montrose
 VanSchooneveld, Craig H; Sterling
 VanVooren, James S; Greeley
 Vaughan, Robert T Jr; Buena Vista
 Verkler, Christopher J; Englewood
 Vialpando, Stephen G; Pueblo
 Victoroff, Michael S; Aurora; Broomfield

Villalon, Joseph H; Walsenburg
 Vincent, Jack F; Canon City
 Volk, John W; Greeley
 Voorhees, Kenton I; Littleton
 Voy, Robert O; Colorado Springs
 Waggoner, Jeffrey R; Aurora
 Wahl, David L; Venice FL
 Walker, Dennis E; Aurora; Denver
 Webb, Terrell R; Aurora
 Weber, Philip F; Boulder
 Weber, Susan J A; Fort Collins
 Weiker, Justin; Denver
 Weiss, Robert L; Arvada
 Weissmann, Max L; Denver
 Wells, Donald B; Fort Collins
 West, David M; Grand Junction
 Weston, Jonathon P; Colorado Springs
 Wexler, Ralph M; Aurora; Denver
 Wheeler, Richard L; Lakewood
 Wherry, Harry L; Longmont
 Wherry, Patrick L; Longmont
 White, Carleton B; Littleton
 Wienpahl, Mark; Pagosa Springs
 Wignall, William B; Greeley
 Wigton, Chester M; Durango
 Williams, David M; Steamboat Springs
 Williams, Fred O; Evergreen
 Williams, Linda L; Fort Collins
 Williams, Robert N; Lakewood; Denver
 Williams, Warren J; Littleton
 Wilson, D Craig; Greeley
 Winnick, Lawrence C; Colorado Springs
 Wolf, Howard C; Lafayette; Longmont
 Wolkov, Jay M; Gunnison
 Wood, Lorraine E; Boulder
 Wood, Robert H; Arvada; Lakewood
 Wright, W Lloyd; Golden

Yarberry, Steven A; Vail; Avon
 Yemm, Stephen J; Fort Collins
 Yoder, Paul T; La Junta
 Yost, Byron A; Longmont
 Young, Mark D; Greeley
 Younger, David G; Burlington

Zacher, Eustice; Pueblo
 Zimmerman, Clark B III; Parker

FORENSIC PATHOLOGY

Allen, Patrick C; Loveland
 Bowerman, David L; Colorado Springs
 Canfield, Thomas M; Montrose
 Clark, Donald M; Denver
 Ogura, George I; Denver
 Stewart, Robert S; Pueblo

Toll, Henry W Jr; Denver

Wood, John M; Englewood; Littleton

GASTROENTEROLOGY

Anselm, Klaus; Pueblo; Beulah
 Appelbaum, Jerry J; Denver
 Ayres, Steven J; Denver

Baker, Pete H; Englewood
 Barkett, V Michael; Salida
 Berry, William R; Longmont
 Bramschreiber, Jerome L; Colorado Springs
 Briggs, Gordon W; Denver
 Butterfield, D G; Denver

Chase, Jerry A; Loveland
 Collins, Dale W; Denver; Lakewood
 Cook, Julius E; Colorado Springs
 Coonan, John E; Wheat Ridge; Golden
 Copeland, Lynn R; Durango

Dahl, Carl R; Wheat Ridge; Golden

Ellis, Robert H; Fort Collins
 Erling, William F; Boulder

Fieman, Richard A; Aurora
 Freedman, Marshall A; Denver

Gerstenberger, Patrick D; Durango
 Goff, John S; Denver

Halprin, Arthur H; Pueblo; Beulah
 Hansen, Richard N; Littleton; Englewood
 Harrison, Craig A; Boulder
 Huston, Jeffrey D; Denver; Littleton

Johnson, Bennie S; Colorado Springs
 Jones, Everette G; Denver; Golden

Kading, Steven O; Greeley
 Katz, Seymour; Englewood
 Kauvar, Abraham J; Denver

Mann, James G; Denver
 McElwee, Hugh P; Fort Collins
 Mehta, Sunder J; Denver; Englewood
 Murchison, William G; Pueblo

Palmer, Walter Lincoln; Chicago IL
 Percefull, Sabin C; Englewood; Littleton
 Phillips, Robert G; Denver

Reed, Thomas A; Denver
 Rein, Richard A; Aurora
 Richman, Lee K; Wheat Ridge; Lakewood
 Roller, Richard J; Denver; Golden
 Rothman, David; Denver

Sabel, John S; Englewood
 Sides, Leroy J; Denver
 Simmons, Robert A; Fort Collins
 Smith, James G Jr; Colorado Springs
 Smith, Robert H; Colorado Springs
 Sutherland, Jesse O Jr; Denver

Tomasso, Gerard I; Glenwood Springs
 Towner, Thomas G; Grand Junction

Vierling, Donna M; Aurora; Englewood

Wenham, Richard P; Colorado Springs
 Wooddell, W Jeff; Colorado Springs

Young, L David; Colorado Springs

GENERAL PRACTICE

Acuna-Narvaez, Perlita; La Junta
 Allely, James W; Greeley
 Altmix, Richard H; Littleton
 Anderson, N Paul E; Estes Park
 Anderson, Sidney; Alamosa
 Asher, Wilmer L; Englewood; Littleton
 Ashmun, Raymond V; Denver

Baker, John C; Denver
 Bane, James J; Longmont
 Batee, Roy A; Denver
 Becky, Joseph R; Denver
 Beethe, Raymond C; Burlington
 Berzins, Ina; Denver
 Bissell, John; Denver
 Blackard, Carol J; Aurora
 Blanchard, Thomas J; Commerce City; Northglenn
 Bostrom, Paul D; Dolores; Cortez
 Brethouwer, N Robert; Montrose
 Brittain, Philip C; Akron
 Buchanan, Robert D; Wray
 Butler, Gordon B; Kerrville TX
 Butterfield, Duane E; Englewood

Callaway, Sam E; Durango
 Calonge, Guy D; La Junta
 Carroll, Charles A; Fort Collins
 Chesnut, Myrlen E; Holyoke
 Christiansen, Elinor T; Englewood
 Clark, Darrel C; Grand Junction
 Coffman, Delmar L; Wheat Ridge
 Cupps, Jerry L; Commerce City

Dahl, Alvin E; Littleton
 Darling, Bradford L; Englewood; Littleton
 David, Wilfrido L; Pueblo
 Davis, John A; Denver
 Davis, Richard L; La Junta
 Dickman, Paul A; Denver
 Dickmann, Joel A; Estes Park
 Doig, William L; Lakewood
 Doneskey, Paul W; Cortez
 Dowis, Gaylord M; Sterling
 Dupper, Harold H; Fort Collins

Eakins, Roger F; Denver
 Ehlers, Gordon H; Denver; Englewood
 Elzi, Richard L; Denver; Golden

Fawcett, Newton W; Colorado Springs
 Fickel, Helen F; Berthoud
 Foster, Sydney; Englewood
 France, David W Jr; Walden
 Frank, Mark N; Denver; Boulder
 Frankenburger, Louise B; Denver
 Franklin, D A; Broomfield
 Freeman, Ann E; Boulder

Gardner, Joseph H; Evergreen
 Garland, Dave T; Denver; Lakewood
 Gieringer, Gary V; Colorado Springs
 Goad, Lloyd H; Golden
 Gordon, Leon L; Mesa AZ
 Gould, Arch H; Grand Junction
 Gray, John S; Aurora
 Groeger, Raymond J; Woodland Park
 Grosboll, Ashley N; Loveland
 Grossman, Terry A; Granby

Hadley, John C; Eads

Halley, Norman B; Westminster
 Hamstra, Gerald A; Colorado Springs
 Hayward, Bruce T; Aurora
 Hixon, Walter S; Littleton
 Hollar, Gregory F; Craig
 Hooper, Gerald H; Denver; Arvada
 Hoppe, Wayne E; Burlington
 Houghan, Charles R; Fort Morgan
 Humphrey, Fred A; Fort Collins
 Huskey, Harlan B; Fruita; Grand Junction
 Hutchison, James E; Denver

Irwin, Everett; Denver

Jekot, Chester B; Wheat Ridge
 Johnson, Thomas G; Fountain
 Johnston, Robert P; Aurora
 Jones, S Tisdal; Sun City AZ
 Joseph, Norman; Aurora

Kano, Jane S; Denver
 Kasenberg, Thomas P; Loveland
 Keefe, Jerome L; Cheyenne Wells
 Kinzer, Edward J; Johnstown
 Kiovisky, Richard D; Aurora
 Kobayashi, Thomas K; Denver
 Kragor, Hugh F; Westminster
 Krausnick, Keith F; Lamar
 Kuykendall, Fred D; Greeley

Lamme, James M Jr; Walsenburg
 Lang, Carol L; Aurora
 Langley, James W; Westminster
 Lee, Robert K; Denver
 Leonardi, Leo J; Salida
 Leppla, Leslie A; Greeley
 Levisohn, Leonard W; Denver
 Lewis, Roger R; Englewood
 Light, Mason M; Gunnison
 Light, Ruth L; Pueblo; Colorado Springs

Maercklein, Wallace W; Evergreen
 Malburg, Bernard J; Hayden; Craig
 Manalo, Antonio S; Springfield
 Marasco, Paul B; Grand Junction
 Martin, Andrew J; Westminster; Broomfield
 Martin, Christopher H; Sun City AZ
 Martin, Theodore E; Rocky Ford
 Martin, William M; Aurora
 Maurer, Lawrence E; Boulder
 McDonnel, Gerald E; Fowler
 McInerney, John R Jr; Golden
 McWilliams, John E; Colorado Springs
 Merritt, Edward G; Dolores; Cortez
 Meyer, Ronald W; Gunnison
 Michael, Joyce E; Colorado Springs
 Momii, Dick D; Denver
 Monahan, E P Jr; Craig
 Morrell, Robert M; Sun City AZ
 Mosko, Joel; Denver
 Mullinaux, Ernest B; Aurora
 Myers, R Douglas; Lakewood; Golden

Narvaez, Rogelio W; La Junta
 Norton, John T; Denver; Parker

O'Neill, John J; Fort Collins
 Odekirk, Larry L; Aurora; Castle Pines
 Oelrich, Carl D; Greeley
 Ogden, McAlpine P; Boulder
 Ollhoff, Harold J; Sterling
 Opatowski, Michael B; Denver

Orr, Edwin R; Fruita
 Orsborn, George E Jr; Denver; Wheat Ridge
 Overturf, Bruce R; Fort Morgan
 Ozamoto, Isamu; Denver

Page, Doris A; Denver
 Parry, Thomas M; Edgewater; Lakewood
 Perry, Robert B; Littleton
 Platt, Kenneth A; Westminster; Denver
 Powell, Thomas T; Golden; Lakewood
 Prenzlau, Werner S; Denver

Ramo, Leon; Denver
 Retallack, Louis L; Denver
 Richards, Robert B; Fort Morgan
 Roberts, Donald G; Lakewood; Golden
 Roberts, Emil L; Pueblo; Fowler
 Ross, Clarence L; Burlington
 Ruddell, James W; Alamosa
 Ryan, Michael P; Lakewood

Sadler, Dean L; Lakewood
 Sassano, Eugene; Wheat Ridge; Golden
 Satt, James M; Rocky Ford
 Scarinzi, Hugo J; Flagler
 Schmidt, Robert L; Fort Collins
 Schwab, Irving H; Colorado Springs
 Shand, J Alan; La Junta
 Sherman, Leon H; Lakewood
 Shidler, Elmore J; Denver
 Shwayder, Reynold I; Greeley
 Simpson, George R; Grand Junction
 Smith, Harold J; Pueblo
 Snyder, Robert; Littleton
 Sprague, Dawin C; Johnstown
 Spray, Selwyn M; Denver; Thornton
 Squires, Robert S; Denver
 Stahl, Larry G; Sterling
 Starr, Robert R; Denver
 Steinberg, Thomas I; Vail
 Stutzman, Howard E; La Junta
 Swartz, Carl W Jr; Pueblo

Thode, Henry P Jr; Fort Collins
 Thron, Ann L; Boulder
 Thumim, Martin B; Lakewood; Littleton
 Townsley, Harry E; Colorado Springs

Vandiver, G H; La Junta
 VanHardenbroek, Mecheld; Grand Junction
 Vialpando, Arthur B; Walsenburg
 Visconti, Francis T; Trinidad

Wagschal, Rolf; Denver
 Ward, Robert G; Holly
 Wasem, Donald B; Denver
 Watts, Walter H; Security
 Weaver, John A Jr; Greeley
 Weber, Clayton C; La Junta
 Wherry, Franklin P; Lincoln City OR
 Wight, Willard R; Las Animas
 Wilcox, Le Roy A; Friendswood TX
 Williams, George S Jr; Aurora
 Winans, Robert E; Colorado Springs
 Winnick, Lawrence C; Colorado Springs
 Wolfe, Roy E; Boulder; Broomfield
 Woodward, Paul E; Fort Morgan

Zarlengo, Charles V; Denver; Lakewood
 Zarlengo, Roland J; Denver
 Zimmer, James A; Security
 Zimmerman, Dudley C; Sterling

GENERAL PREVENTIVE MED - GENERAL SURGERY

GENERAL PREVENTIVE MED

Barnett, Stephen; Aspen
Brethouwer, N Robert; Montrose

Cabanilla, B Rodrigo; Littleton
Curry, Marcia F; Denver

Ferriss, David M Jr; Denver

Greenheck, Robert R; Denver; Aurora

Hoffman, Richard E; Denver; Golden

Kornberg, James P; Boulder

Lucas, John L; Denver; Littleton

Mangione, Ellen J; Denver
McDaniel, Janice R; Grand Junction
Miller, Charles H; Lakewood

Ogden, McAlpine P; Boulder

Roney, Patrick J; Littleton; Denver

Satt, James M; Rocky Ford
Sbarbaro, John A; Denver

Thron, Ann L; Boulder

Whitcomb, Harold C Jr; Aspen
White, Carleton B; Littleton

Yoder, Franklin D; Greeley

GENERAL SURGERY

Abernathy, Charles M Jr; Montrose
Abrums, William W; Denver
Aragon, Guillermo E; Denver
Arguello-Rudin, Oscar G; Colorado Springs
Artist, E J; Greeley
Axtell, H Kent; Lakewood
Axthelm, Stephen C; Grand Junction

Baer, Sylvan B; Denver; Englewood
Balkin, Gilbert; Denver
Barber, Edgar W; Denver
Barkett, V Michael; Salida
Barton, David D; Denver
Baumgartel, Earl D; Loveland
Baumgartner, Robert B; La Junta
Becker, Paul G; Denver
Berg, Kevin R; Longmont
Bess, Howard H Jr; Denver; Englewood
Blakely, Charles A; Grand Junction
Blocker, Sterling H; Colorado Springs
Bondi, Raymond G; Denver
Bostrom, Paul D; Dolores; Cortez
Bramley, Howard F; Englewood
Brightwell, Nathan L; Colorado Springs
Brittain, Robert S; Englewood; Littleton
Burrow, Claude H; Boulder
Butler, Harrison G III; Durango
Butler, Larry J; Colorado Springs

Cantu, Cesar R; Denver
Cedarblade, Vincent G; Las Vegas NV
Chaffee, Charles B; Wheat Ridge; Denver

Chiavetta, Thomas G; Fort Collins
Childs, Samuel B; Englewood
Clark, David G; Englewood
Cline, Donald W; Salida
Collins, Jerome S; Loveland
Collins, John A; Fort Morgan
Condon, William B; Denver
Conner, Donald J; Englewood
Coppinger, William R; Virginia Beach VA
Coulter, Robert L Jr; Wheat Ridge

Daniels, Bernard T; Greeley
David, Wilfrido L; Pueblo
Day, John R M; Boulder
Deaver, David C III; Durango
Delauro, John E; Aurora; Denver
Deroos, James J; Denver
Dickinson, Theodore C; Montrose
Douglas, Kenneth R; Wheat Ridge; Arvada
Dumm, James B; Denver
Duncan, Diane; Lubbock TX

Eckhout, Gifford V; Denver
Ehrichs, Edward L Jr; Aurora
Eiseman, Ben; Denver; Englewood
Elo, Denis R; Loveland
Emmanuel, Samuel; Englewood
Engel, Stephen; Denver

Faraci, Robert P; Denver
Faris, Tanous D; Denver; Golden
Fenoglio, Michael; Denver
Fisher, H Calvin; Colorado Springs
Forman, Ernest E; Denver; Lakewood
Freeman, Ann E; Boulder

Gale, Scott A Jr; Fort Collins
Gallagher, John Q; Denver; Littleton
Gay, Kent E; La Junta
Gerner, Robert E; Vail
Gerrard-Gough, Brodie; Colorado Springs; Falcon
Ghaibeh, Ousama; Lamar
Gibson, James D; Evergreen; Indian Hills
Giffin, James M; Delta
Giffin, Lewis A; Delta
Gildersleeve, Robert G; Cortez
Gilmore, Bruce T; Greeley
Gipson, Bernard F Sr; Denver
Goggans, Walter H; Denver
Grana, Arthur J; Colorado Springs
Groves, Fred B; Greeley

Haley, A Thomas; Castle Rock
Haley, James S; Longmont
Halgrimson, Charles G; Denver
Halley, Tullius W; Durango
Harrison, Charles S; Littleton
Harrison, Robin A; Boulder
Harwood, James T; Denver; Englewood
Hattel, Nick D; Delta
Haun, William E; Denver; Englewood
Henderson, James A; Denver
Henson, Stanley W Jr; Fort Collins
Hermann, Gilbert; Denver
Hildebrand, Jan S; Canon City
Hohm, Richard A; Fort Collins
Hornbaker, Charles L; Colorado Springs
Howe, Gerald E; Cortez
Howlett, Roger G; Arvada
Hoyle, Clifford L; Pueblo
Hughes, Robert H; Denver; Aurora
Humm, John J; Aurora

Hutchison, David E; Denver

James, Albert E; Denver
James, David R; Craig
Jennings, R Lee; Denver; Englewood
Johnson, Bruce M; Pueblo
Johnson, Marvin E; Carmichael CA
Jones, Arthur F; Wheat Ridge; Lakewood
Jones, Charles G; Boulder
Jones, Harry D; Longmont

Kashuk, Jeffry L; Thornton
Kempers, Glenn R; Grand Junction
Kennedy, Louis J; Colorado Springs
Kimball, N Curtis; Sterling
King, Michael L; Pueblo
Kircher, Lorence T Jr; Colorado Springs
Kirshenbaum, Gerald; Aurora; Englewood
Kortz, Allan B; Englewood; Denver
Kortz, Warren J; Englewood
Kramish, David; Denver
Kukral, Albert J; Lakewood

Larkin, James M; Colorado Springs
Lavanway, James M; Colorado Springs
Law, Dennis K; Wheat Ridge; Littleton
Leonardi, Leo J; Salida
Levine, Samuel; Lakewood
Ley, Eugene B; Canon City
Liddle, Edward B Jr; Colorado Springs
Light, Mason M; Gunnison
Lindeman, George M; Colorado Springs
Linnemeyer, Robert F; Grand Junction
Lipan, Edward M; Denver; Englewood
Lloyd, William E; Colorado Springs
Lokey, Hamilton Jr; Wheat Ridge
Lopez, Edward M; Sterling
Luter, Patrick W; Durango

MacLeod, William A J; Alamosa
MacMillan, Hugh A; Denver
MacPhee, William M; Aurora; Denver
Mains, Charles W; Lakewood; Golden
Major, Joseph J; Denver; Englewood
Mangum, William K; Greeley
Mastro, Edward R; Pueblo
McCarthy, Howard L; Englewood
McColl, Harry A Jr; Colorado Springs
McCroskey, Brian L; Denver
McCurdy, Robert E; Denver
McDivitt, Robert B; Greeley
McElfatrick, Robert A; Denver
McGill, Joseph J; Denver
McGuire, Brian M; Denver; Lakewood
McKnight, James H Jr; Sterling
Mebane, David M; Montrose
Melzer, Robert B; Denver; Englewood
Merrill, Joseph G; Grand Junction
Meyers, Barry E; Denver
Miller, Denise M; Longmont
Moncy, Ellen L; Wheat Ridge; Evergreen
Monsour, James W; Denver
Montrey, Jill S; Englewood; Denver
Mooney, Herbert S Jr; Longmont
Moore, Ernest E Jr; Denver
Moore, Frederick; Denver
Moore, George E; Denver; Conifer
Moore, John B; Lakewood
Moore, John T; Aurora
Moss, G Wayne; Lakewood
Mozia, Nelson I; Wheat Ridge; Golden
Mubarak, Asa'ad A; Wheat Ridge; Englewood

Murley, Gordon D; Pueblo
Murr, Peter C; Denver

Narrod, James A; Denver
Neeley, George R; Wheat Ridge; Evergreen
Nicolay, Donald L; Boulder

O'Rourke, P Terrence; Colorado Springs
Olson, Robert H; Wheat Ridge; Golden
Oram-Smith, Jeffrey C; Colorado Springs
Otteman, Merlin G; Fort Collins
Overett, Thomas K; Denver
Owens, J Cuthbert; Denver; Englewood

Palmieri, Anthony J; Aurora
Parsons, Donald W; Denver; Littleton
Pash, Robert; Denver
Peck, Mordant E; Denver
Peetz, Michael E; Greeley
Penix, Lex L; Denver
Petersen, Warren A; Grand Junction
Plaus, William J; Denver
Polevoy, Ira S; Lakewood; Golden
Poliakoff, Claude S; Colorado Springs
Poucel, Jean-Georges; Aurora
Preshaw, D Edwin; Littleton
Price, Jerry G; Denver; Englewood
Prinzing, J Fredric Jr; Denver

Quinn, Richert E Jr; Greeley

Radway, Paul R; Pueblo
Rainer, William G Jr; Denver
Ratzer, Erick R; Denver; Littleton
Reckler, Sidney M; Denver
Reich, Marshall P; Aurora; Denver
Reimers, Wilbur L; Denver
Robinson, Wm M M; Cedar Mtn NC
Roos, David B; Denver; Littleton
Rose, Virgil J; Denver; Brighton
Rosen, Peter; Denver
Rosenberger, Alan B; Denver; Lakewood
Rothhammer, Amilu S; Colorado Springs
Rubinson, Samuel M; Colorado Springs
Ruddell, James W; Alamosa
Ryan, Michael P; Lakewood

Salata, John R; Colorado Springs
Sampath, Kulasekhar; Pueblo
Sanidas, John D; Denver
Sawyer, Robert B; Denver
Schechter, Philip A; Littleton; Englewood
Schmitt, Edward A; Colorado Springs
Schmitt, Henry J Jr; Colorado Springs
Schneider, Herbert H; Pueblo
Schultz, Norman J; Wheat Ridge
Schultz, Randall R; Durango
Schwartz, Arthur A; Aspen
Seagraves, Mary A; Colorado Springs
Shanks, W George; Grand Junction
Sherman, Leon H; Lakewood
Simon, John S; Denver
Simpson, George R; Grand Junction
Sims, John A; Colorado Springs
Smiley, John W; Denver
Smith, Edwin R; Denver; Englewood
Smith, Jerry; Denver
Spencer, J Robert; Aurora
Spokas, Frank J Jr; Trinidad
Stabler, Lairie O; La Junta
Stahlgren, LeRoy H; Denver
Stephenson, Philip L; Wichita Falls TX

Stirman, Jerry A; Glenwood Springs

Takeno, M George; Englewood
Temple, Donald R; Denver; Englewood
Thomas, H Dale; La Jara
Thompson, Keith E; Greeley
Traylor, Frank A; Wheat Ridge
Tupper, Harvey M; Grand Junction
Tutt, George O Jr; Fort Collins
Tyburczy, Joseph A Jr; Brighton

Varnell, Jeffrey L; Aurora; Englewood
Vickery, Katherine; Denver
Viehe, Robert W Jr; Glenwood Springs
Voiles, J. David; Fort Collins
Vu, Thuan Q; Denver

Warren, Herrick S; Wheat Ridge; Denver
Waters, Robert M; Boulder
Weaver, William D; Brighton; Lakewood
Weston, Eugene L; Lakewood; Golden
Wheeler, James R; Greeley
Wherry, Harry L; Longmont
Wiede, Eugene A; Greeley
Wikholm, Larry J; Greeley
Williams, J Stewart; Evergreen; Golden
Williams, Richard W; Littleton; Englewood
Wilson, Ben J; Phoenix AZ
Wilson, Robert E; Denver
Winder, Denis J; Durango
Wise, James K; Fort Collins
Wollgast, George F; Englewood
Wolz, John F; Fort Morgan
Woodruff, Robert; Denver
Woods, Susan E; Fort Collins
Wotkyns, Roger S; Wheat Ridge; Lakewood

Yajko, R Douglas; Glenwood Springs
Yukl, Richard L; Denver

Zick, H Rolan; Boulder

GENETICS

Greensher, Arnold; Colorado Springs

Strain, James E; Elk Grove Village IL; Prospect Hts IL

GERIATRICS

Bagga, Gurbakshish S; Denver
Berg, Mary J; Ordway
Birmingham, Roger P; Fort Collins
Bricker, John W; Denver
Burton, William V; Boulder

Cole, Norman J; Larkspur
Cook, William R; Denver
Cutts, William B; Greeley

Doster, Mildred E; Denver

Eccles, Ralph P; Denver; Golden

Fishman, Paul J; Denver

Geller, I Benjamin; Denver

Jacobs, James S; Denver
Jardine, Robert L; Denver

Kano, Jane S; Denver

Lovell, Kenneth R; Colorado Springs

Martin, William M; Aurora
McClellan, Charles W; Colorado Springs
McGlone, Frank B; Denver; Littleton
McWilliams, John E; Colorado Springs
Moore, Cyril S C; Denver

Rest, Arthur; Denver

Stevenson, Chester P; Grand Junction
Sunderland, Karl F; Denver

Tedeschi, John P; Colorado Springs

Vest, Walter E Jr; Denver

Williams, Lester L; Colorado Springs

GYNECOLOGY

Abelman, Maxwell A; Denver
Abrams, Fredrick R; Aurora; Denver
Anderl, Vernon K; Englewood
Austin, Robert C Jr; Littleton; Englewood

Brethouwer, N Robert; Montrose
Buchanan, Kay M; Colorado Springs

Carpenter, David E; Wheat Ridge; Arvada
Caskey, Jack B Jr; Aspen
Cedars, Leonard A; Littleton; Englewood
Cowgill, Joseph S; Boulder

Foley, Thomas H; Denver; Englewood
Foust, G T Jim Sr; Denver
Freed, Charles R; Denver

Gale, Scott A; Boulder
Goddard, William B; Lakewood; Wheat Ridge
Grund, Walter J; Littleton

Hannah, Stanley L; Denver; Englewood
Hibbard, H Davis; Louisville; Boulder

Inkret, William Jr; Denver

Kennedy, James R; Colorado Springs
Kopelman, J Joshua; Aurora

Lane, Richard A; Boulder
Lombardi, James C; Englewood; Denver

Mack, Marjorie A; Aurora
Major, Francis J; Denver; Englewood
Maxwell, James H; Colorado Springs
Moore, Michael L; Denver; Englewood
Muffly, Harry M; Englewood; Littleton

Nethery, Raymond A; Pueblo; Modesto CA

O'Neill, John J; Fort Collins

Patterson, James R; Englewood
Penner, Clyde E; Englewood
Potestio, Frank S; Englewood; Parker
Purdon, Thomas F; Colorado Springs

GYNECOLOGY - INDUSTRIAL MEDICINE

Richards, Bruce C; Lakewood
Roberts, Jerry R; Colorado Springs

Sherrod, Dale B; Longmont
Short, William F; Colorado Springs
Silverberg, Stuart O; Westminster; Golden
Stewart, Robert J; Denver
Straits, B Joan; Wheat Ridge

Taylor, E Stewart; Denver
Thron, Ann L; Boulder
Trousdale, William E; Colorado Springs
Two Roger, Fred A; Fraser

Voss, Richard G; Fort Collins

Wilson, Don E; Longmont
Wittenberg, Ernst; Boulder
Woodard, W Donald; Denver

HAND SURGERY

Benton, Louis J; Denver
Boswick, John A Jr; Denver; Englewood
Britton, James A; Longmont
Buck, Peter G; Boulder
Burrow, Claude H; Boulder
Bussey, Randy M; Greeley

Charles, David M; Denver
Clayton, Mack L; Denver
Conyers, David J; Denver
Cramer, Lester M; Colorado Springs

Derkash, Robert S; Glenwood Springs

Ferlic, Donald C; Denver
Foster, Robert J; Colorado Springs
Fry, Thomas G; Wheat Ridge; Golden

German, Charles; Englewood
Gordon, Lee; Fort Collins

Hamlin, Charles; Denver
Horner, Robert L; Denver; Englewood

Janson, Richard A; Grand Junction

Larson, Wallace K; Colorado Springs
Luekens, Claude A Jr; Wheat Ridge; Dillon

Merkel, William D; Grand Junction
Muffly, James T; Englewood

Parks, Barber J; Wheat Ridge
Payea, Norman P II; Lakewood; Wheat Ridge
Pise, Gerald J; Colorado Springs

Raskin, Douglas J; Colorado Springs
Rector, James B; Boulder; Longmont
Rodriguez, Jose L; Glenwood Springs

Saber, William L; Denver; Golden
Schmidt, Douglas R; Denver
Scott, Francis A; Denver; Englewood
Serota, Joseph F; Aurora; Englewood
Shesol, Barry F; Aurora
Sobel, Roger M; Fort Collins

Tegtmeier, Ronald E; Golden

Waldrop, William L; Grand Junction
Walker, Ian G; Colorado Springs
Weingarten, Peter L; Aurora; Englewood
Wilson, Christopher S; Wheat Ridge; Denver

Yocum, Harold A; Wheat Ridge; Golden

Zbyski, Joseph R; Denver; Englewood

HEAD & NECK SURGERY

Albin, Richard E; Denver

Bedard, Charles H; Pueblo
Berlin, Barry P; Littleton
Burgert, Paul H; Glenwood Springs

Carris, James V; Colorado Springs

Demshki, Andrew E Jr; Pueblo

Edgerton, J Craig; Durango
English, Gerald M; Englewood; Denver
Ernster, Joel A; Colorado Springs

German, Charles; Englewood

Hohengarten, John H; Colorado Springs

Kinzler, Dale L; Arvada
Krekorian, Edmund A; Denver; Aurora

McColl, Harry A Jr; Colorado Springs
Merkel, William D; Grand Junction

Nelson, William R; Denver

Pruitt, J C; Colorado Springs

Rodriguez, Jose L; Glenwood Springs

Saber, William L; Denver; Golden
Schmidt, Douglas R; Denver
Silveira, M Beatriz; Aurora
Smith, Bruce M; Fort Collins

Tralla, Michael A; Denver; Cherry Hills Village
Tutt, George O Jr; Fort Collins

Zbyski, Joseph R; Denver; Englewood

HEMATOLOGY

Altshuler, John H; Denver; Englewood

Bakemeier, Richard F; Denver
Booth, Richard R; Fort Collins
Bourg, Wilson C III; Lakewood

Caskey, Jennifer H; Denver

Daneshbod-Skibba, Ghodsi; Arvada
Dawson, Donald L; Colorado Springs
DiBella, Nicholas J; Aurora; Parker

Fangman, Michael P; Fort Collins
Fink, Kyle M; Denver

Gray, Jan L; Lakewood; Golden

Heller, Henry M; Durango

Jennings, William H; Greeley

Kovachy, Robin J; Littleton; Aurora

Lavrinets, David A; Longmont

Martz, David C; Colorado Springs
Matchett, Kenneth M Jr; Grand Junction

Napoli, J Nicholas; Lakewood

Otsuka, Alvin L; Denver

Pajon, Eduardo R Jr; Aurora; Parker
Peck, Sanford D; Denver

Reiquam, C W; Denver; Lakewood

Sikand, Gita S; Denver; Englewood
Sitarik, Mark A; Boulder

Tolley, Russell C; Denver
Tubergen, David G; Denver

White, Madeline J; Denver

HYPNOSIS

Birmingham, Roger P; Fort Collins
Brethouwer, N Robert; Montrose

Gibson, Richard W; Boulder

Leistikow, David C; Broomfield
Levy, Irwin B; Denver

Perry, Robert B; Littleton

Stevens, Wayne E; Lakewood

IMMUNOLOGY

Gabelman, Omer P; Grand Junction; Cape Coral FL
Golbert, Thomas M; Lakewood

Luzietti, Richard G; Aurora; Littleton

Mason, Ulysses G III; Denver

Shira, James E; Denver; Englewood

IMMUNOPATHOLOGY

Sciotto, Cosimo G; Colorado Springs

INDUSTRIAL MEDICINE

Becky, Joseph R; Denver
Blanchard, Thomas J; Commerce City; Northglenn
Bowling, F Lee; Englewood
Bramer, Clifford F; Pueblo
Bush, Roger A; Denver; Evergreen

Carroll, Charles A; Fort Collins

Gardner, Joseph H; Evergreen
Geesaman, Richard E; Boulder
Gilman, Harold E; Rancho Mirage CA
Greenheck, Robert R; Denver; Aurora

Kornberg, James P; Boulder

Roth, Henry J; Denver

Shoemaker, Larry D; Colorado Springs; Monument
Shwayder, Aaron J; Denver
Steinberg, Thomas I; Vail

Weaver, Robert H; Denver; Golden
White, Carleton B; Littleton

Young, Robert S Sr; Palm Springs CA

INFECTIOUS DISEASES

Baines, R Dixie Jr; Denver; Littleton
Brandt, David; Boulder

Cox, Robert L; Denver; Highlands Ranch

Eickhoff, Theodore C; Denver; Littleton

Golub, Burton P; Denver; Golden
Gulinson, Jordan E; Denver

Karakusis, Peter H; Denver; Highlands Ranch
Kearns, Donald H; Denver
Kerr, Clark M; Denver

Schafer, Larry A; Wheat Ridge; Arvada

Wright, Richard A; Denver

INFERTILITY

Abelman, Maxwell A; Denver
Albers, Hubert J; Denver

Bernstein, Leonard D; Thornton
Burke, James M; Aspen; Snowmass Village

Carris, Craig K; Colorado Springs
Cedars, Leonard A; Littleton; Englewood
Chatfield, John N Jr; Colorado Springs
Chisholm, John W; Denver
Cole, Norman G Jr; Colorado Springs

Ford, Jack; Colorado Springs
Foust, G T Jim Sr; Denver
Foust, Glenn T III; Denver

Goodman, Reid A; Denver; Englewood
Gottesfeld, Ray L; Denver
Griffith, William F III; Aurora
Grossman, Fred; Denver; Englewood

Hackett, Robert D; Grand Junction
Heavrin, John S; Lakewood; Littleton
Hepner, Harold J; Denver; Englewood
Hlavaty, Vaclav; Thornton; Denver

Inkret, William Jr; Denver

Jacobs, Herbert L; Denver

Kopelman, J Joshua; Aurora

Lane, Richard A; Boulder
Lee, William H; Littleton
Ludwin, Gary A; Fort Collins

McCreedy, Philip A; Wheat Ridge
Moore, Michael L; Denver; Englewood
Muffy, Harry M; Englewood; Littleton

Nicks, Frank I Jr; Colorado Springs

O'Donnell, James A; Glenwood Springs
O'Neill, John J; Fort Collins

Patterson, James R; Englewood

Shields, Lloyd V; Denver
Straits, B Joan; Wheat Ridge

Weisbrod, Dennis M; Denver; Englewood
Woodard, Don E; Englewood; Denver

INTERNAL MEDICINE

Abbey, David M; Fort Collins
Abbey, William S; Fort Collins
Ackerly, Roscoe H; Pueblo
Adams, Ralph W; Colorado Springs
Aikawa, Jerry K; Denver
Albrecht, David W; Colorado Springs
Aldrich, Franklin D; Boulder
Alexander, Martin M; Denver
Alford, William P; Denver
Allen, David K; Fort Collins
Anderson, Paul N; Colorado Springs
Anger, Michael S; Lakewood; Aurora
Anneberg, A Lee; Denver
Ansfield, Michael J; Colorado Springs
Apke, Richard J; Denver
Appelbaum, Jerry J; Denver
Armstrong, George W III; Denver
Armstrong, John P; Gunnison
Arndt, Donald A; Berthoud
Arndt, Karl; Denver
Arnot, Charles W; Pueblo
Avery, John S; Boulder

Backup, Linda D; Longmont; Lyons
Bagale, Elia J; Pueblo
Baines, R Dixie Jr; Denver; Littleton
Bakemeier, Richard F; Denver
Baker, Pete H; Englewood
Ball, John H; Colorado Springs
Barber, Donn J; Greeley
Barlow, Michael C; Aurora
Bartecchi, Carl E; Pueblo
Baughman, Jack L; Denver
Bays, Claud A; Denver; Englewood
Beach, Don E; Delta
Bechtel, Joel J; Grand Junction
Benchwick, Paul L; Colorado Springs
Benedict, Claudia K; Denver
Benner, Miriam C; Denver
Bennett, Willis L; Denver
Berg, Robert N; Denver; Englewood
Berkbigler, Dale T; Del Norte
Bernton, J Tashof; Denver
Berris, Robert F; Denver
Berry, William R; Longmont
Bershof, Edward; Denver
Betzer, Laura K; Wheat Ridge
Bigelow, D Boyd; Denver
Bildstein, Rodger D; Colorado Springs
Blanchet, William L; Boulder
Blaney, Loren F; Denver

Blaney, Robert L; Littleton; Denver
Blonder, Ronald D; Colorado Springs
Bodnar, Judith K; Aurora
Bogin, Robert M; Denver; Evergreen
Bolton, Barbara; Denver
Bortz, Alan I; Littleton; Denver
Bost, Thomas W; Denver
Bosworth, Robert G Jr; Denver
Boulder, Joel C; Littleton; Denver
Bowers, Steven P; Boulder
Bowles, Roger E; Littleton
Bramschreiber, Jerome L; Colorado Springs
Brandt, David; Boulder
Brennan, Michael W; Denver
Bricker, John W; Denver
Briggs, Gordon W; Denver
Brodie, Steven K; Denver
Broughton, Joseph O Jr; Denver
Brown, Gerald D; Littleton
Brubaker, William H; Boulder
Bryson, Peter D; Golden
Buchanan, Daniel H Jr; Denver
Buckley, John E; Denver
Bull, Malcolm I; Grand Junction
Burch, William D; Greeley
Burgess, Alan W; Denver; Englewood
Burton, Richard M; Colorado Springs
Bush, James F; Fort Collins

Callaghan, Rachel J; Steamboat Springs
Campbell, Frank C; Denver; Englewood
Canaday, Peter G; Denver
Capek, Richard B Jr; Englewood; Denver
Carlin, Allan W; Wheat Ridge
Carlson, H Blair; Denver
Carson, Richard; Littleton; Englewood
Cash, Robert L; Greeley
Chamberlain, Thomas J; Montrose
Chao, Calvin; Aurora
Chapman, Robert G; Denver
Chase, Jerry A; Loveland
Christopher, Kent L; Denver
Clapp, Harry W; Ordway
Clark, Phyllis V; Colorado Springs
Clarke, J Philip; Denver; Englewood
Clifford, Nathan J; Greeley
Clutter, Joseph S; Pueblo
Cochrane, David R; Denver; Englewood
Cohen, Milton I; Colorado Springs
Coleman, Thomas H; Denver
Comer, Hugh T; Delta
Cone, Ross B; Denver
Contiguglia, S Robert; Denver
Coogan, Mary A; Denver
Cook, Julius E; Colorado Springs
Cook, William R; Denver
Coonan, John E; Wheat Ridge; Golden
Coulehan, Lawrence T; Denver
Cox, Robert L; Denver; Highlands Ranch
Crowe, Daniel J; Colorado Springs
Crumbaker, Victor A; Grand Junction
Cullen, Richard C; Aurora
Curlman, George H Jr; Denver
Cutts, William B; Greeley

Davidson, Allan B; Colorado Springs
Davis, Charles A; Wheat Ridge
Dempsey, Edward C; Denver
Dernovsek, Kenneth D; Pueblo
DiBella, Nicholas J; Aurora; Parker
Dingle, Robert W; Pueblo
Domaleski, Robert P; Wheat Ridge

INTERNAL MEDICINE

Donahue, Lawrence P; Colorado Springs
 Donovan, Edward J; Denver
 Downs, David A; Denver
 Drake, Robert L; Pueblo
 Dreher, William H; Grand Junction
 Dubin, Frank I; Denver
 Duman, Louis J; Denver
 Dunlop, Gentry R Jr; Denver

Echternacht, Fred J; Aurora
 Eck, Frederick J Jr; Vail
 Ecklund, Steve R; Denver
 Edwards, John A; Denver; Englewood
 Edwards, Stanley O; Greeley
 Eframo, Frederick W; Aurora; Englewood
 Eickhoff, Theodore C; Denver; Littleton
 Eidsvoog, Carol A; Aurora
 Eifert, Earl D; Pueblo
 Eisele, C Wesley; Englewood
 Elles, Mark E; Denver; Aurora
 Ellis, John J; Denver
 Ellis, Robert H; Fort Collins
 Erben, Ivo; Denver; Arvada
 Erfling, William F; Boulder

Fabec, Sally L; Trinidad
 Fagan, Michael C; Aurora
 Fangman, Michael P; Fort Collins
 Farabaugh, Leonard J; Pueblo
 Farrington, John F; Boulder
 Fell, William F Jr; Aurora
 Fellers, Neal H; Greeley
 Ferguson, Stuart R; Denver
 Fieman, Richard A; Aurora
 Fineman, Bruce G; Denver
 Firth, Michael G; Alamosa
 Fitzmaurice, Kevin J; Denver
 Fliegelman, Martin J; Denver; Englewood
 Foe, Richard B; Greeley
 Fouts, Terry L; Pueblo
 Frank, Lorenz S; Littleton
 Friedland, Joseph D; San Diego CA
 Friedman, H Harold; Denver
 Furlong, N Kenneth; Denver; Arvada

Gabow, Patricia A; Denver
 Gaide, Thomas K; Pueblo
 Gardner, John W; Pueblo
 Garlick, Ivor; Denver
 Garrow, George C; Aurora
 Gelman, Lloyd D; Boulder
 Gerber, Michael J; Wheat Ridge; Denver
 Giansiracusa, Richard F; Loveland
 Gillesby, Robert J; Denver; Littleton
 Gilmer, T Scott; Aurora
 Gipson, William T Jr; Parker
 Glassman, Kenneth P; Denver
 Glassman, Michael H; Denver; Aurora
 Gleichman, Theodore K; Littleton
 Glode, John E; Longmont; Hygiene
 Goff, John S; Denver
 Golub, Burton P; Denver; Golden
 Gonzalez, David M; Littleton
 Goodman, Stephen B; Littleton
 Gorshow, Stephen M; Parker
 Gottlieb, Thomas B; Arvada
 Graham, Rebecca S; Denver
 Green, Thomas F Jr; Denver
 Greenberg, David I; Colorado Springs
 Grenoble, David C; Durango
 Grosboll, Edward E; Loveland
 Gulinson, Jordan E; Denver

Gunstream, Stanley R; Fort Collins
 Guza, Diana J; Aurora

Haimes, Mark D; Boulder
 Halprin, Arthur H; Pueblo; Beulah
 Hamilton, Richard; Denver
 Hansen, Richard N; Littleton; Englewood
 Hanson, Russell H; Estes Park
 Harrod, C Scott; Alamosa
 Harvey, Robert P; Denver
 Hashimoto, Christine; Denver
 Hatfield, Wendell; Littleton
 Haveman, Craig N; Fort Lupton
 Haygood, Thomas A; Fort Collins
 Hays, John C; Colorado Springs
 Hazel, Woodrow S; Denver
 Headley, David L; Colorado Springs
 Heaton, Angeline D; Denver
 Hedberg, John; Denver
 Heller, Henry M; Durango
 Henderson, Nancy L; Denver
 Hibbard, H Davis; Louisville; Boulder
 Higgins, Andrew G; Denver; Wheat Ridge
 Higgins, Thomas; Boulder
 Hillman, John D; Colorado Springs
 Hilty, Daniel E; Wheat Ridge; Arvada
 Hilty, Raymond W Jr; Boulder
 Hiner, John M; Brighton
 Hoffenberg, Stephen R; Denver; Lakewood
 Hoffman, James F; Fort Collins
 Holden, Lawrence W; Boulder
 Holman, Andrew J; Denver
 Holt, Peter B; Longmont
 Homburg, Robert C; Fort Collins
 Hopf, Timothy R; Denver
 Hoyer, J Scott; Aurora
 Hoyt, Charles G; Littleton
 Huber, James A; Denver; Englewood
 Hudgens, Nancy E; Denver
 Huffman, David H; Colorado Springs
 Hughes, Clarence O Jr; Englewood
 Husted, Joel R; Boulder
 Huston, Jeffrey D; Denver; Littleton

Ippen, Gregory A; Denver

Jacobs, Alexander; Denver
 James, Lynn A; Grand Junction
 Jantz, Richard D; Denver
 Jennings, William H; Greeley
 Jensen, Laurence G; Pueblo
 Jensen, Susan R; Colorado Springs
 Jimenez, Guilebaldo E; Trinidad
 Johnson, Melvin A; Denver
 Johnson, Richard W; Fort Collins
 Jones, Everette G; Denver; Golden

Kading, Steven O; Greeley
 Kane, Francis C; Laguna Hills CA
 Kanowitz, Arthur; Denver; Englewood
 Karakusis, Peter H; Denver; Highlands Ranch
 Karel, James L; Denver; Wheat Ridge
 Kassan, Stuart S; Wheat Ridge; Denver
 Kastendieck, Jon G; Denver
 Kauvar, Abraham J; Denver
 Kelble, David L; Denver; Evergreen
 Kennison, Herbert B Jr; Denver
 Kent, Robert H; Colorado Springs
 Kerr, Clark M; Denver
 Kett, Helena; Aurora
 Kief, Jan M; Arvada
 Kilpatrick, David M; Sterling

Klein, Melvyn H; Denver; Englewood
 Kluck, Clarence J; Englewood
 Knight, Robert A; Arvada
 Koelsch, Harmut W; Longmont
 Kraus, G Thomas; Estes Park
 Krebs, Richard A; Wheat Ridge
 Krieger, Gary R; Golden; Boulder
 Kroger, J Stephen; Longmont
 Kuhn, Kathleen R; Aurora; Denver
 Kulik, Janice E; Pueblo

Laman, Muryl L; Pueblo
 Lamb, Richard C; Sterling
 Lambert, John C; Montrose
 Lavrinets, David A; Longmont
 Lawrence, W Stewart; Denver
 Leder, Eric H; Denver; Englewood
 Leder, Max M; Denver
 Leder, Robert; Denver; Englewood
 Lefkowitz, Donald J; Denver
 Levine, Mark A; Englewood; Aurora
 Lindauer-Gosik, Judith A; Golden; Wheat Ridge
 Linden, Robert A; Alamosa
 Lindquist, Valdemar A Y; Denver
 Lininger, Thomas R; Greeley
 Link, David B; Littleton
 Livingston, Bobbie; Denver; Aurora
 Livingston, Wallace H; Denver
 Lloyd, Leo W; Durango
 Lopez, William Jr; Fort Collins
 Lower, Dennis L; Greeley
 Lucas, William E; Lamar
 Luzietti, Richard G; Aurora; Littleton

MacCarter, Daryl K; Denver
 Magraw, Bronwen J; Palisade
 Mahony, Thomas H Jr; Denver
 Mangione, Ellen J; Denver
 Manguso, Robert L; Aurora
 Manolis, Demosthenes A; Pueblo
 Martinelli, Lawrence P; Denver
 Martz, David C; Colorado Springs
 Maruca, Joseph; Grand Junction
 Matchett, Kenneth M Jr; Grand Junction
 May, Andre' R; Fort Lupton; Denver
 Mayeda, Thomas K; Littleton
 McCafferty, Bonnie; Denver
 McCartney, Robert D; Denver
 McCarty, David W; Longmont
 McCarty, David W IV; Longmont
 McClellan, Charles W; Colorado Springs
 McCloskey, Thomas T; Englewood
 McDonald, Keith M; Denver
 McDonough, Gilbert L; Denver
 McDowell, Marion E; Denver
 McGlone, Frank B; Denver; Littleton
 McIntyre, Donald O; Lakewood
 McKenna, Robert L; Denver
 McMahon, B Thomas; Denver
 McMahon, Richard T; Denver
 Mead, Alexander; Denver
 Mehler, Robert E; Boulder
 Mendenhall, John C; Denver
 Mikles, Devin A; Aurora; Denver
 Miller, E Eugene; Colorado Springs
 Miller, Edward S; Denver
 Miller, Eugenia M; Aurora
 Miller, Paul D; Lakewood; Wheat Ridge
 Miller, Terry D; Wheat Ridge; Arvada
 Mink, Barry D; Aspen
 Mitchel, Duane H; Denver
 Molk, Kevin J; Littleton

Molk, Leizer; Denver
 Moran, Patrick G; Grand Junction
 Morton, David E; Pueblo
 Morton, G Thomas; Glenwood Springs
 Motley, Robert F; Montrose
 Mountain, Richard D; Denver; Littleton
 Mueller, John F; Denver
 Munch, David M; Aurora; Englewood
 Murphy, James T; Boulder
 Mutz, Austin; Denver

Neal, Billy J; Lakewood; Wheat Ridge
 Nibbe, Albert F; Wheat Ridge; Lakewood
 Norton, John D; Colorado Springs
 Nye, John R; Denver

O'Connor, Sharon E; Denver; Englewood
 O'Dowd, Mary K; Denver
 Olvey, Stuart K; Colorado Springs
 Onat, Maurine; Denver; Englewood
 Osborn, Mark M; Pueblo
 Osborne, Richard B; Greeley
 Otsuka, Alvin L; Denver
 Oxman, Albert C; Denver

Pace, R Scott; Greeley
 Pajon, Eduardo R Jr; Aurora; Parker
 Palmer, Walter Lincoln; Chicago IL
 Parker, Kay C; Denver; Morrison
 Parsons, Debra J; Denver
 Patten, Albert M; Denver
 Patz, David S; Grand Junction
 Peacock, William F; Littleton
 Percefull, Sabin C; Englewood; Littleton
 Peterson, Edwin W; Denver
 Peterson, W Peter; Denver
 Phillips, Barbara A; Boulder
 Phillips, Robert G; Denver
 Platt, Frederic W; Denver
 Plunkett, Larry M; Denver
 Podlecki, David A; Longmont
 Pollock, Caryl J; Colorado Springs
 Porter, Robert T; Greeley
 Poticha, Gerald S; Littleton; Englewood
 Powers, Bernard J; Englewood; Denver
 Pratt, Elmer B; Littleton
 Pratt, Jennifer A; Denver; Aurora
 Preston, Paul P; Denver

Rademacher, Donald R; Greeley
 Radetsky, Paul; Wheat Ridge
 Rapp, Barry M; Pueblo
 Ratcliff, Ralph G; Denver
 Ratner, Karen N; Littleton; Lakewood
 Reeves, Robert H; Colorado Springs
 Regan, James R; Denver
 Rein, Richard A; Aurora
 Repsher, Lawrence H; Wheat Ridge
 Rest, Arthur; Denver
 Restivo, Jack L; Denver
 Richardson, J William; Denver
 Richman, Lee K; Wheat Ridge; Lakewood
 Roberts, Donald M; Denver
 Ross, James R; Grand Junction
 Rossman, Mitchel G; Boulder
 Roth, Henry J; Denver
 Rothman, David; Denver
 Ruddy, John R; Denver
 Rudolph, Merritt C; Denver; Englewood
 Rumley, A S; Fort Collins

Sable, David L; Fort Collins

Salerno, Charles F; Pueblo
 Saliman, Alan E; Glenwood Springs
 Sandhaus, Robert A; Denver; Littleton
 Sands, Arthur C; Fort Collins
 Sands, Gary P; Denver; Golden
 Sayre, Robert L; Colorado Springs
 Sbarbaro, John A; Denver
 Schiller, Carl F; Aspen
 Schneider, William A; Denver; Englewood
 Schocket, Alan L; Denver
 Schrier, Robert W; Denver; Englewood
 Scott, Stephen C; Denver
 Seegers, Winnifred; Denver
 Seydel, Frederick K; Evergreen; Denver
 Shealy, Stephen H; Littleton
 Sheehan, Mark W; Denver; Englewood
 Sheridan, E Paul; Denver
 Sherman, Morton E; Aurora; Englewood
 Sherman, Susan A; Aurora; Englewood
 Shiovitz, William D; Boulder
 Shipman, Karl H; Denver
 Shore, Roy H; Greeley
 Shpall, Zachary I; Denver
 Singleton, Glenda; Denver
 Slonim, N Balfour; Denver
 Smith, Christopher F; Aurora; Englewood
 Smith, Dale J; Denver; Golden
 Smith, G Paul; Grand Junction
 Smith, Hubbard W; Greeley
 Smith, Raymond H; Colorado Springs
 Smith, Stephen W; Aurora
 Smith, Thomas R; Pueblo
 Snyder, Alan L; Boulder
 Solomon, William A; Aurora
 Spangler, Michael W; Colorado Springs
 Spatt, Peter D; Denver
 Spaulding, Duane R; Colorado Springs
 Spear, David S; Denver
 Speedie, Douglas K; Delta
 Spees, Alan J; Denver; Littleton
 Stachler, John M; Pueblo
 Stafford, Robert M; Colorado Springs
 Steffen, Grant E; Englewood
 Stephenson, Robert L; Brighton; Denver
 Stevenson, Chester P; Grand Junction
 Stiff, Kaye L; Wheat Ridge
 Stjernholm, James R; Pueblo
 Stjernholm, Thomas; Pueblo
 Striplin, Michael R; Boulder
 Stuebner, Jon W; Aurora; Englewood
 Sunderman, Steve R; Alamosa
 Sutherland, Jesse O Jr; Denver
 Szczukowski, Lorna; Denver

Taguchi, James T; Denver; Littleton
 Talley, Richard W; Littleton
 Tate, Robert M; Denver
 Taub, Neal S; Denver
 Telatnik, Stephen C; Colorado Springs
 Tello, Robert J; Loveland
 Tepley, Fred H; Lakewood
 Tobin, Peter L; Denver
 Tomasso, Gerard I; Glenwood Springs
 Tormey, Anthony D; Aurora
 Towbin, Milton N; Denver
 Tribelhorn, Donna E; Wheat Ridge; Aurora
 Truitt, Leigh; Denver
 Turvey, B Edward Jr; Boulder
 Tyor, Joseph C; Denver

Unfug, Harry V; Fort Collins

Vancamp, Wesley; Pueblo West
 Vanderschouw, H M; Leadville
 Velkoff, Michele A; Denver
 Vest, Walter E Jr; Denver
 Vierling, Donna M; Aurora; Englewood
 VonMinden, Milton C Jr; Colorado Springs
 VonRueden, Robert K; Denver; Littleton

Waggner, William J; Loveland; Denver
 Wahl, Ray L Jr; Colorado Springs
 Wall, Paul M; Colorado Springs
 Wallack, David; Littleton
 Walls, Larry D; Pueblo
 Warkentin, William J; Aurora
 Watt, John E; Greeley
 Weber, Bruce J; Aurora
 Wehling, Constance L; Pueblo
 Weiss, Peter; Denver; Englewood
 Weissler, Arnold M; Denver
 Weller, William J; Colorado Springs
 West, Norman L; South Fork
 Wheeler, Leonard; Wheat Ridge; Golden
 Whitcomb, Harold C Jr; Aspen
 White, Madeline J; Denver
 Whitehead, Stephen B; Boulder
 Wick, James E; Aurora; Denver
 Wilcox, George D III; Denver
 Williams, John F; Arvada
 Williams, John M; Denver
 Williamson, John W; Denver
 Wilson, Bruce H; Grand Junction
 Wong, Bert Y; Colorado Springs
 Wood, Edward H; Colorado Springs
 Wood, Lawrence Gilmore; Littleton; Denver
 Wood, Michael; Pueblo
 Worley, Bob S; Wheat Ridge; Franktown
 Wright, Linda C; Boulder
 Wright, Richard A; Denver

Yanover, Melissa J; Lakewood
 Yockey, Raymond L; Greeley
 Young, L David; Colorado Springs

Zarlengo, Frank N; Denver
 Zawadowski, Raphael J; Pueblo
 Zemel, Leonard R; Aurora
 Zimik, Luithuk; Brighton
 Zimmerman, Robert L; Colorado Springs
 Zinn, Charles J; Colorado Springs
 Ziporin, Philip; Denver
 Zuckerman, Gerald H; Denver
 Zuckerman, Hyman S; Denver

LARYNGOLOGY

Berlin, Barry P; Littleton

Dragul, Paul H; Denver; Englewood

English, Gerald M; Englewood; Denver

Krekorian, Edmund A; Denver; Aurora

Lipkin, Alan F; Denver

LEGAL MEDICINE

Beringer, E Duane; Honolulu HI

Curtis, William S; Boulder

LEGAL MEDICINE - NEUROLOGICAL SURGERY

Firestone, Marvin H; Boulder

Johnson, Roger F; Denver

Plazak, Dean J; Boulder

Steinhardt, Kasiel; Denver; Englewood

Thomasson, George O; Englewood; Highlands Ranch

Winograd, Lawrence A; Denver

Zelkind, Donald R; Denver

MATERNAL & FETAL MEDICINE

Porreco, Richard P; Denver; Golden

MAXILLOFACIAL SURGERY

Albin, Richard E; Denver

Bedard, Charles H; Pueblo
Burrow, Claude H; Boulder

Carris, James V; Colorado Springs
Cramer, Lester M; Colorado Springs

Edgerton, J Craig; Durango

Hartshorn, Denzel F; Grand Junction
Hohengarten, John H; Colorado Springs

Janson, Richard A; Grand Junction

Krekorian, Edmund A; Denver; Aurora

Merkel, William D; Grand Junction

Pruitt, J C; Colorado Springs

Rodriguez, Jose L; Glenwood Springs

Schmidt, Douglas R; Denver
Smith, Bruce M; Fort Collins

Tegtmeier, Ronald E; Golden

Walker, Ian G; Colorado Springs
Williams, Dallas D; Loveland

Zbyski, Joseph R; Denver; Englewood

MEDICAL AUTOMATION

Roney, Patrick J; Littleton; Denver

MEDICAL EDUCATION

Ballinger, Carter M; Denver
Barnett, Stephen; Aspen

Chisholm, R Neil; Denver
Crouch, Dee B; Boulder

duRoy, Robert M; Rancho Mirage CA

Eickhoff, Theodore C; Denver; Littleton
Eisele, C Wesley; Englewood

Harper, Barry K; Fort Collins

Johnson, Marvin E; Carmichael CA
Jones, Rodney H; Lakewood

McDowell, Marion E; Denver
Moran, Patrick G; Grand Junction

MOHS CHEMOSURGERY

Asarch, Richard G; Englewood

Lillis, Patrick J; Loveland

NEONATAL-PERINATAL MED

Day, L Dorine; Denver

Nicks, Frank I Jr; Colorado Springs

NEONATOLOGY

Berman, Edward R; Denver
Butterfield, L Joseph; Denver

Carson, Bonita S; Denver

O'Meara, Owen P; Denver; Englewood

Thilo, Elizabeth H; Denver

Winchester, Paul D; Colorado Springs

NEOPLASTIC DISEASES

Anderson, Paul N; Colorado Springs

Lavrinets, David A; Longmont

McFadden, Donna L; Grand Junction
Moran, Patrick G; Grand Junction

NEPHROLOGY

Anger, Michael S; Lakewood; Aurora

Ball, John H; Colorado Springs
Bengfort, John L; Colorado Springs

Contiguglia, S Robert; Denver

Dreher, William H; Grand Junction

Gabow, Patricia A; Denver
Garrett, Raymond E; Englewood; Denver
Goldberg, Jan Paul; Aurora; Denver

Harvey, Alice; Englewood
Haygood, Thomas A; Fort Collins

Klein, Melvyn H; Denver; Englewood
Koelsch, Harmut W; Longmont
Krebs, Richard A; Wheat Ridge

McIntyre, Donald O; Lakewood
Miller, Paul D; Lakewood; Wheat Ridge
Mishell, Jeffrey L; Denver

Neal, Billy J; Lakewood; Wheat Ridge

Persoff, Michael; Denver; Aurora
Pluss, Richard G; Denver; Englewood

Rademacher, Donald R; Greeley

Schrier, Robert W; Denver; Englewood

VonMinden, Milton C Jr; Colorado Springs

Wehling, Constance L; Pueblo

Yanover, Melissa J; Lakewood

NEUROLOGICAL SURGERY

Bolles, Gene E; Boulder
Branan, Richard C; Englewood
Breeze, Robert E; Denver
Bryans, William A; Wheat Ridge; Denver

Clark, Ronald D; Greeley
Craigmile, Thomas K; Denver
Crue, Benjamin L Jr; Durango

Fieger, Henry G Jr; Denver
Fox, Robert H; Grand Junction
Freed, Charles G; Denver
Fried, Herbert I; Denver; Littleton
Friedman, Verner; Denver

Griffin, John G; Denver

Hendee, Robert W Jr; Denver
Hitchcock, Michael H; Englewood

Johnson, Stephen D; Denver; Golden

Krauth, Lee E; Wheat Ridge; Evergreen

Law, Jay D; Englewood
Lillehei, Kevin O; Denver
Lipscomb, William R; Tucson AZ
Litvak, John; Denver

McClintock, Homer G; Denver
McNally, Michael J; Colorado Springs
McVicker, John H; Greeley
Miller, Meredith H; Englewood; Littleton
Murphy, Alan R; Colorado Springs

Noblett, Deane L; Colorado Springs

Ogsbury, James S; Wheat Ridge; Littleton

Pressley, Richard L; Boulder; Longmont
Presti, Matthew; Colorado Springs

Reilly, Gerald D; Pueblo

Samuelson, Stephen A; Denver
Stecher, Karl Jr; Denver

Tice, Larry D; Grand Junction
Tuerk, Kenneth; Denver
Turner, Donn M; Fort Collins

Vanderark, Gary D; Englewood; Denver
Vogel, Harold B; Denver

Warmath, William T; Denver

Warson, James S; Fort Collins
Wirt, Timothy C; Fort Collins
Wright, Kim B; Colorado Springs

NEUROLOGY

Aguilera, Arnold J; Denver

Bell, Richard A; Colorado Springs
Bentley, William H; Aurora
Bernstein, Lawrence H; Denver
Botha, Eleanor; Englewood
Burcar, Patricia J; Westminster
Burnbaum, Mitchell D; Grand Junction

Cilo, Mark P; Englewood
Cohen, R Robert; Aurora
Crews, Jerry R; Greeley
Crosby, James A; Denver
Cullen, Michael L; Pueblo
Curiel, Michael P; Fort Collins

D'Arcy, Genet; Boulder
Daven, Joel R; Pueblo
Delaney, Jane; Colorado Springs
Duman, Sidney; Denver

Finkel, Richard S; Denver; Golden

Garmany, George P Jr; Boulder
Gibson, J Bradley; Colorado Springs
Gilman, Neal J; Grand Junction
Ginsburg, Stanley H; Denver
Glatz, Duane J; Englewood; Denver
Gross, Karl F; Aurora; Denver

Hammerberg, Eric K; Denver
Happer, Ian M; Denver
Hasan, Malik M; Pueblo
Holt, G Waltermann; Bow Mar
Hutchins, Earl C; Greeley

Lasater, Gene M; Denver; Englewood
Levisohn, Paul M; Denver
London, Scott F; Denver

Machanic, Bennett I; Denver
Markey, Joseph W; Boulder
Mays, James M; Fort Collins
McGroarty, Saralee R; Longmont; Boulder
Myers, John A; Aurora; Englewood

Nay, Leston B; Littleton; Denver
Newsom, Marilyn M; Boulder

Oliveira, Mario M; Colorado Springs

Parry, Lynn; Lakewood; Littleton
Peters, Bruce H; Colorado Springs

Quintero, Peter S; Denver

Rawat, Sumant; Pueblo
Ryals, Jarvis D; Pueblo
Ryan, Donald W; Lakewood; Golden

Samuelson, Stephen A; Denver
Scaer, Robert C; Boulder
Seybold, William R; Colorado Springs
Smith, Don B; Englewood; Denver
Smith, Loys A; Durango

Smith, Richard H; Denver
Soffer, Patricia G; Denver
Sternberg, Patrick E; Boulder
Strauss, Stanley G; Westminster
Sullivan, Lawrence P; Denver

Thulin, Barbara W; Englewood
Treihaft, Marc M; Denver

Woodward, John B; Wheat Ridge
Wright, Roy R; Englewood

Yarnell, Philip R; Denver; Englewood

Zimmer, Alexander H; Englewood; Denver

NEUROPATHOLOGY

Carver, Robert K; Englewood; Aurora

NUCLEAR MEDICINE

Burdick, Duncan C; Colorado Springs

Ewing, Wyman F; Pueblo

Fink, Donald W; Denver; Englewood

Gerhold, John P; Denver; Englewood

Miller, Wayne A; Denver; Evergreen

Roller, Lothar K; Canon City

Wenzel, Wayne W; Denver
Wilson, James P; Denver; Aurora

NUCLEAR RADIOLOGY

Ain, Jonathan D; Aurora; Englewood

Bardin, Billy J; Durango

Luttenegger, Thomas J; Fort Collins

Miller, Wayne A; Denver; Evergreen

Partington, Cyrus W; Colorado Springs

Stavros, A Thomas; Englewood
Sutherland, Jerome D; Englewood; Denver

Ward, Bruce A; Grand Junction

NUTRITION

Barnett, Stephen; Aspen

McDowell, Marion E; Denver

O'Neill, John J; Fort Collins
Ogden, McAlpine P; Boulder

OB & GYNECOLOGY

Abbot, Stewart M; Greeley
Abman, Carolyn F; Littleton; Denver
Albers, Hubert J; Denver
Allen, Neil H; Greeley
Angello, Anthony L; Denver; Englewood

Appel, Theodore B; Boulder
Aptekar, Donald W; Denver
August, Neil; Denver

Bachus, Nelson E; Fort Collins
Bartlett, Max D; Denver
Beach, Don E; Delta
Bell, John D; Denver; Englewood
Berger, Elwin; Denver; Englewood
Beringer, E Duane; Honolulu HI
Berman, Michael L; Colorado Springs
Bernhardt, Richard N; Denver; Littleton
Bernstein, Leonard D; Thornton
Bernstein, Udell L; Denver
Besch, Nicholas J Jr; Arvada
Bianco, Peter M; Colorado Springs
Birner, W Frederic; Pueblo
Bjork, Floyd J; Golden
Blake, Clyde D; Colorado Springs
Boelter, William C II; Greeley
Bozeman, Mark F; Denver
Bradley, Robert A; Englewood
Brelje, Mabel C; Lakewood
Bristow, John W; Colorado Springs
Brown, Frederick B; Colorado Springs
Brown, Patricia S; Littleton; Denver
Brusenhan, J Richard; Colorado Springs
Burke, James M; Aspen; Snowmass Village
Burket, Charles R; Greeley
Bury, Richard R; Denver; Aurora

Campbell, W MacRae; Pueblo
Carson, John D; Longmont
Caskey, Jack B Jr; Aspen
Castellano, Stephen A; Denver
Cedars, Leonard A; Littleton; Englewood
Chandler, Earl L; Wheat Ridge
Chatfield, John N Jr; Colorado Springs
Chisholm, John W; Denver
Choi, Susanna S; Lakewood
Chow, Franklin S; Vail; Eagle-Vail
Christensen, Carole; Boulder
Clark, Darrel C; Grand Junction
Cloyd, David G; Fort Collins
Cohen, Harvey M; Denver; Englewood
Colberg, Craig S; Longmont
Cole, Norman G Jr; Colorado Springs
Conner, Wayne L; Denver; Lakewood
Cooper, Theodore A; Denver
Coringrato, Mario A; Lakewood
Coyer, David D; Denver; Aurora
Crawford, Gayle P; Arvada; Littleton
Crouch, W B; Colorado Springs
Cullum, Lawrence M; Durango

Dafoe, Charles A; Denver
Day, L Dorine; Denver
Deal, Terry D; Colorado Springs; Monument
Delaney, James J Jr; Aurora; Denver
Dix, Corinne R; Denver
Donnelley, Beverly E; Fort Collins
Downing, Terry A; Denver
Duerksen, Edward C; Englewood; Denver

Eastman, Robert L; Denver
Emeis, William E; Colorado Springs
Engel, Tibor; Denver
Englert, Thomas L; Loveland
Evans, Clayton A; Boulder

Farinholt, Jon W; Aurora; Englewood
Ford, Jack; Colorado Springs

OB & GYNECOLOGY - OCCUPATIONAL MEDICINE

Foulk, Arnold R Jr; Greeley
Foust, Glenn T III; Denver
Freedman, Walter L; Denver
Freistadt, Hans; Oroville CA
Frost, Anthony; Englewood
Fuller, William E; Denver

Garner, Frank L; Denver
Gartner, Charles H; Denver
Germer, Nancy J; Lakewood
Gibbons, Ralph W; Aurora
Gibbs, Charles P; Denver; Englewood
Goodman, Reid A; Denver; Englewood
Gore, Robert B; Denver
Gottesfeld, Ray L; Denver
Gottesfeld, Stuart A; Denver
Gramowski, Thomas W; Denver; Lakewood
Greiner, David J; Colorado Springs
Griffith, Dillard R; Colorado Springs
Griffith, William F III; Aurora
Grossman, Richard A; Durango
Gussman, Debra; Denver

Hackett, Robert D; Grand Junction
Hahn, Robert W; Colorado Springs
Halgrimson, Michael J; Lakewood
Hall, Michael L; Denver
Ham, Gordon C; Englewood; Denver
Hanser, James A; Denver
Harling, Mallory T; Fort Collins
Harris, David W; Aurora; Englewood
Harris, Lowell N; Wheat Ridge; Lakewood
Harrison, Kenneth D; Colorado Springs
Hartman, James F; Denver
Harvey, Duval E; Denver
Harvey, Richard L; Aurora
Hauck, Margaret E; Denver; Boulder
Heavrin, John S; Lakewood; Littleton
Henry, Raymond W; Denver
Hepner, Harold J; Denver; Englewood
Herndon, Cynthia G; Denver
Hill, McArthur O; Wheat Ridge
Hiratzka, Paul S; Greeley
Hlavaty, Vaclav; Thornton; Denver
Hoffmann, Mark F; Denver
Hogenkamp, Jon M; Pueblo
Hulet, Brett L; Pueblo
Hurley, Grant W; Pueblo
Hutto, John M; Wheat Ridge; Lakewood

Illige-Saucier, Martha; Denver
Imig, John R; Boulder
Irvin, Lewis A; Grand Junction
Iskander, Laurice; Aurora; Littleton

Jacobs, Herbert L; Denver
Jeffrey, Ransy L; Fort Collins
Johnson, Robert W; Aurora
Jones, Paul B; Grand Junction

Kaniuk, Marlene F; Boulder
Keeler, F Brent; Aurora
Kerr, Richard K; Mesa AZ
Kieft, Larry D; Fort Collins
Kirkpatrick, Douglas H; Denver; Englewood
Kirschman, Edward; Aurora; Englewood
Kiser, Rick E; Greeley
Kolberg, Bruce H; Denver
Konigsberg, Robert A; Arvada; Littleton
Kopelman, J Joshua; Aurora
Kozloff, Stephen R; Greeley

Lamb, Rodney L; Englewood
Lee, William H; Littleton
Leistikow, David C; Broomfield
Linder, Robert O; Aurora
Lingle, James R; Englewood
Little, Kenneth R; Colorado Springs
Ljunghag, Susan E; Englewood
Longwell, Freeman H; Denver
Lord, Edward L; Aurora
Losasso, Leonard J; Aurora; Englewood
Ludwin, Gary A; Fort Collins

MacFarlan, Sherburne M; Boulder
MacSalka, Mary A; Boulder
MacSalka, Robert E; Boulder
Manfre, Kenneth; Aurora; Denver
Martin, Eva; Fort Collins
McBurney, James W; Pueblo
McCauley, John R; Longmont
McCreedy, Philip A; Wheat Ridge
McDuffie, Robert S; Denver
McFee, John G; Denver
Meacham, Stephen R; Grand Junction
Meeuwse, James W; Pueblo
Mehta, Pushpa S; Aurora; Englewood
Melmed, Meir H; Englewood
Menconi, Lawrence R; Westminster; Denver
Mestas, T Robert; Denver; Englewood
Michailov, Dimitar V; Pueblo
Michelson, Abraham K; Aurora; Englewood
Miles, Norman A; Boulder
Miller, Burdette L; Estes Park
Milligan, Gatewood C; Englewood
Milzer, Gary S; Aurora; Englewood
Moffatt, Thomas W Jr; Littleton; Lakewood
Morgan, Alethia E; Pueblo
Muftic, Michael; Denver
Murahata, Sue A; Denver
Muth, John B; Colorado Springs
Myers, James M; Colorado Springs

Nicks, Frank I Jr; Colorado Springs
Nieland, Leo J; Denver
Norfleet, Larry B; Colorado Springs
Nowick, Martin E; Aurora; Englewood

O'Donnell, James A; Glenwood Springs
O'Loughlin, Edward P; Denver; Aurora
O'Neal, Jean P; Greeley
Oliphant, Manford M Jr; Denver; Littleton

Peterson, Richard I; Colorado Springs
Pfenninger, Mark Wm; Wheat Ridge; Evergreen
Poje, Joanne; Longmont
Porter, Bruce M; Fort Collins
Potestio, Charles M; Pueblo

Rapaport, Alan M; Denver
Reitinger, Russell G; Longmont
Rifkin, Ira; Denver; Littleton
Ross, Michael H; Arvada; Golden
Rowley, Mark C; Denver
Rowley, Raymond D; Pueblo
Rubinow, Sidney D; Colorado Springs
Rudd-McCoy, Nancy A; Thornton; Englewood
Ruderman, Jerome H; Denver
Russell, Asela C; Aurora; Denver

Saunders, Daniel T; Arvada; Golden
Schmidt, Philip M; Colorado Springs
Schonebaum, Robert M; Englewood
Schoolcraft, William B; Englewood

Scorza, William E; Denver; Lakewood
Sherman, Joseph M; Brighton
Sherwood, Clifford; Colorado Springs
Shields, Lloyd V; Denver
Silver, Gordon S; Colorado Springs
Skiles, Trudy A; Colorado Springs
Snyder, Murray M; Arvada; Denver
Stallworth, John C; Denver; Englewood
Stanton, Robert P; Northglenn; Denver
Stewart, Stephen K; Longmont
Stoll, Stephen L; Greenwood Village; Denver
Stringfellow, Roy C Jr; Colorado Springs
Summerson, Donald J; Greeley
Swanson, Marvin L; Aurora
Swanson, Michael S; Englewood; Littleton
Swartz, Carl W Jr; Pueblo
Sweeney, Richard; Littleton; Westminster
Sweeney, Thomas I; Wheat Ridge; Lakewood

Thayer, David O; Boulder
Thompson, Horace E; Shreveport LA
Thorne, John L; Lakewood
Tomlin, Donald D; Steamboat Springs
Tucker, Warren W; Denver
Tuxworth, Frank E; Colorado Springs

Vargas, Peter A; Denver

Waldbaum, Arthur S; Denver
Waldron, Carla C; Pueblo
Walker, Louise D Converse; Denver
Wall, Robert E; Denver
Warren, Darrell R; Aurora; Englewood
Weisbrod, Dennis M; Denver; Englewood
Wester, Robert J; Denver
Wexler, Paul; Aurora; Littleton
Williams, Derek W; Aurora; Englewood
Wilson, William B Jr; Denver; Littleton
Wolf, Mark R; Littleton
Wolfe, Daniel K; Durango
Woodard, Don E; Englewood; Denver

Yasuzawa, S Steve; Aurora; Englewood
Yavorski, Sarah S; Denver; Aurora
Young, John R; Denver

Zacher, Eustice; Pueblo
Zarlengo, Gerald V; Denver
Zen, Calvin T F; Longmont

OBSTETRICS

Bernstein, Leonard D; Thornton

Carpenter, Julie; Boulder

O'Neill, John J; Fort Collins

Peoples, Grant; Aurora
Porreco, Richard P; Denver; Golden
Price, Richard A; Colorado Springs

Thomas, H Dale; La Jara
Trousdale, William E; Colorado Springs

OCCUPATIONAL MEDICINE

Amoroso, Christian R; Windsor; Longmont
Appelbaum, Jerry J; Denver

Baumgardner, Jan F; Boulder

Becky, Joseph R; Denver
 Bell, Robert F; Denver
 Berns, Barry R; Windsor; Fort Collins
 Bernton, J Tashof; Denver
 Bock, George W; Craig
 Bond, Marcus B; Golden

Cabanilla, B Rodrigo; Littleton
 Campbell, Velma L; Pueblo

DeAlva, William E G; Denver
 DiAsio, Richard A; Colorado Springs
 duRoy, Robert M; Rancho Mirage CA

Eaton, Wyley E; Arvada

Furman, Joseph; Golden; Lakewood

Greenheck, Robert R; Denver; Aurora

Huffman, Thomas A; Denver; Longmont
 Hughes, Clarence O Jr; Englewood
 Hughes, John S; Englewood; Littleton

Kendall, Wayne F Jr; Monument
 Kluck, Clarence J; Englewood
 Koepke, Jerald W; Denver; Littleton
 Kornberg, James P; Boulder
 Kowalski, Leonard R; Aurora; Bailey
 Krieger, Gary R; Golden; Boulder

Lovejoy, Brent V; Englewood

O'Briant, Charles R; Denver

Simerville, James J; Colorado Springs
 Slagle, DeRoy W H; Pasadena CA
 Smith, Loyd L; Pueblo
 Spillmann, Scott J; Golden; Elizabeth
 Starkey, Gerald H Jr; Denver; Englewood
 Striplin, Michael R; Boulder
 Sullivan, Terrance J; Denver
 Swarsen, Ronald J; Denver

Waite, H Dennis; Denver; Littleton
 Wexler, Ralph M; Aurora; Denver
 Wright, W Lloyd; Golden

Zarlengo, Roland J; Denver

ONCOLOGY

Anderson, Paul N; Colorado Springs

Bakemeier, Richard F; Denver
 Balizet, Louis B; Pueblo
 Berris, Robert F; Denver
 Booth, Richard R; Fort Collins
 Bull, Malcolm I; Grand Junction

Caskey, Jennifer H; Denver

Daneshbod-Skibba, Ghodsi; Arvada
 DiBella, Nicholas J; Aurora; Parker

Fangman, Michael P; Fort Collins
 Fink, Kyle M; Denver
 Fleagle, John T; Boulder

Gerner, Robert E; Vail
 Gray, Jan L; Lakewood; Golden

Headley, David L; Colorado Springs
 Heller, Henry M; Durango
 Huffman, David H; Colorado Springs

Jennings, William H; Greeley

Kovachy, Robin J; Littleton; Aurora
 Kramish, David; Denver

Lim, Meng Lai; Greeley
 Lininger, Thomas R; Greeley
 Link, David B; Littleton

Major, Francis J; Denver; Englewood
 Martz, David C; Colorado Springs
 Matchett, Kenneth M Jr; Grand Junction
 McMahon, Richard T; Denver
 Moore, George E; Denver; Conifer

Napoli, J Nicholas; Lakewood
 Nelson, William R; Denver

Otsuka, Alvin L; Denver

Pajon, Eduardo R Jr; Aurora; Parker

Reiquam, C W; Denver; Lakewood
 Richardson, David L; Denver

Sayre, Robert L; Colorado Springs
 Schafer, Larry A; Wheat Ridge; Arvada
 Schneider, Michael J; Denver; Englewood
 Sikand, Gita S; Denver; Englewood
 Sitarik, Mark A; Boulder

Tolley, Russell C; Denver
 Tubergen, David G; Denver

White, Madeline J; Denver

Zinn, Charles J; Colorado Springs

OPHTHALMOLOGY

Adams, John C; Greeley
 Anderson, W Dale; Colorado Springs
 Arnold, Charles O II; Denver

Balstad, Paul D; Aurora; Denver
 Barker, John S; Arvada
 Barmatz, Hirsh E; Denver; Aurora
 Barnacle, John C; Westminster; Denver
 Baron, J Gregory; Colorado Springs
 Baronberg, Neiel D; Lakewood; Denver
 Beaver, William C; Grand Junction
 Bishop, David W; Durango
 Boehlke, Russell R; Fort Collins
 Brady, Kevin D; Denver
 Brechner, Ross J; Evergreen
 Brown, Samuel H; Colorado Springs
 Buchanan, William S; Sterling
 Burcham, James R; Aurora
 Bush, Jerry O; Grand Junction

Caltrider, Nieca D; Colorado Springs
 Campbell, Bernard E; Lakewood; Denver
 Campbell, Dorothy C; Lakewood
 Campbell, Thomas P; Wheat Ridge; Denver
 Cannavo, Laura A; Denver
 Cerasoli, James R; Denver; Littleton

Childers, Stanley G; Pueblo
 Chittum, Mark E; Colorado Springs
 Christiansen, John M; Colorado Springs
 Cole, Nicholas G; Montrose
 Conrad, William C; Boulder
 Cowen, Homer C; Denver

Dardis, Walter T; Pueblo
 Dishler, Jon G; Englewood
 Dougherty, Marilyn A; Boulder
 Dragoo, Robert A; Wheat Ridge; Aurora
 Dumler, Larry J; Boulder
 Duncan, Lester S Jr; Grand Junction

Edwards, John E; Denver
 Eisenbaum, Allan M; Aurora
 Eisenbud, Eric A; Denver
 Elliff, John E; Sterling

Fixott, Richard S; Colorado Springs
 Foe, Elaine V; Greeley
 Foerster, Robert J; Colorado Springs
 Fonken, H A; Fort Collins
 Forstot, S Lance; Littleton; Denver
 Fowler, James B; Pueblo

Gentry, James H; Denver; Englewood
 Giltner, James B; Denver
 Goldstein, Joel H; Denver; Englewood
 Greenlee, Lynn F; Canon City
 Greenlee, Max R Sr; Boulder

Hammond, Richard O; Fort Collins
 Haney, Lawrence O; Colorado Springs
 Hanna, Robert S; Grand Junction
 Hardy, Ronald G Jr; Denver
 Hartzler, Janet K; Lakewood
 Hausmann, Gertrude S; Denver
 Heiss, Robert E; Denver; Littleton
 Hersey, James Merrill; Golden
 Hines, William L; Denver
 Hix, Ivan E Jr; Wheat Ridge; Golden
 Hopkins, William G; Pueblo
 Hovland, Kenneth R; Denver
 Hoyer, Louis R Jr; Pueblo
 Hoyle, Thomas C III; Colorado Springs
 Humphreys, John A; Denver; Englewood

Iwakiri, John; Arvada

Jackson, William E; Denver
 James, Brien P; Englewood
 Jepson, Christian N; Colorado Springs
 Jorgensen, Roger L; Longmont

Kadler, Karen M; Denver; Golden
 Kaplan, Max; Denver
 Kaplan, Morris; San Diego CA
 Kauvar, Kenneth B; Denver
 Keats, William K; Denver
 Kellum, Donald L; Boulder
 Kesselman, Stephen E; Aurora
 King, Robert A; Littleton; Denver
 Kreider, Larry W; Golden; Arvada
 Krichbaum, Franklin M; Lakewood
 Kubitschek, Wm R; Mesa AZ
 Kuhlman, William K; Colorado Springs

Lahey, Duane D; Denver
 Larkin, Thomas P; Denver; Englewood
 Leight, Harold C; Denver
 Lepisto, Carl A; Grand Junction

Marcotte, Dale D; Boulder
 Maxwell, James C; Denver; Littleton
 McMahon, Charles D; Colorado Springs
 Meltzer, Gerald E; Denver; Englewood
 Moo-Young, George A; Denver
 Moorman, Lemuel T; Denver
 Muir, Bennett W; Parker

Nofsinger, Kenton D; Aurora; Englewood
 Norris, Andrew M; Fort Collins

O'Connor, J William; Lakewood; Englewood
 Olijnyk, Irene; Longmont
 Olsen, Gerald M; Fort Collins

Page, Donald F; Canon City
 Panter, Edward G; Denver
 Panter, Kent W; Denver
 Pardos, George J; Denver
 Perreten, Frank A; Denver
 Peterson, Harold R; Littleton
 Petty, Stephen T; Denver
 Ploff, David S; Denver; Englewood
 Phelps, Herschel R; Loveland; Greeley
 Pierce, Robert D; Pueblo
 Podgorski, Steven F; Englewood; Denver
 Post, Lawrence T; Craig; Hamilton
 Powers, Douglas K; Longmont; Platteville

Ramey, Ralph Jr; Colorado Springs
 Rice, Lee E; Boulder
 Rider, Mitchell B; Denver
 Roberts, William A; Boulder
 Rusk, Harvey S; Pueblo

Sampson, John J; Colorado Springs
 Santoro, John A Jr; Thornton; Broomfield
 Sargent, Robert A; Littleton; Englewood
 Schlomer, Donald; Pueblo
 Schunk, Peter A; Colorado Springs
 Self, William G Jr; Westminster; Denver
 Shachtman, William A; Fort Collins
 Shwayder, Montimore C; Denver
 Simons, Herbert J; Denver
 Skeehan, Raymond A Jr; Denver
 Smith, William E; Denver; Lakewood
 Snyder, Charles E; Pueblo
 Starr, Arthur G; Denver
 Stevens, William W III; Fort Collins
 Stofac, Robert L; Golden; Lakewood
 Story, Paul G; Montrose
 Swets, Edward J; Denver

Taravella, Michael J; Thornton; Denver
 Tarkanian, Malcolm A; Arvada
 Thatcher, D B; Colorado Springs
 Thompson, Rollin L; Denver; Englewood
 Thornton, William R; Fort Collins
 Tonne, Jay C; Pueblo
 Tripp, Warren I; Boulder; Louisville

Underwood, Larry D; Wheat Ridge; Arvada

Vanderhoof, Richard C; Colorado Springs

Wagner, R Paul; Alamosa
 Wainwright, Neil D; Pueblo
 Weber, Mark W; Salida
 Weeks, Jeffrey B; Greeley
 Weitzenkorn, Dan E; Glenwood Springs
 Welch, John R; Greeley

Weltman, Delbert M; Denver; Lakewood
 Wetzig, Carl K; Colorado Springs
 Wetzig, Paul C; Colorado Springs
 Wetzig, Richard P; Colorado Springs
 Whalen, William R; Denver; Littleton
 Whistler, Carl W; Denver
 Whitehurst, Fred O; Durango
 Widney, Sam E; Greeley
 Wiesner, Paul D; Montrose
 Wiggs, Eugene O; Denver
 Wills, Theodore E; Greeley
 Wilson, W Bruce; Denver; Littleton
 Winograd, Lawrence A; Denver
 Woodward, James M Jr; Denver; Englewood

Zopf, Delvin L; Golden

ORAL MAXILLOFACIAL SURGERY

Williams, Dallas D; Loveland

ORTHOPEDIC SURGERY

Adler, Kenneth G; Wheat Ridge; Lakewood
 Anderson, Gilbert I; Greeley
 Anderson, Martin E; Denver

Bachman, David C; Ouray; Ridgway
 Barnard, Michael D; Canon City
 Berk, Leonard E; Denver
 Berkeley, Michael E; Aspen
 Bess, Robert J; Englewood
 Bigelow, Eugene V; Denver
 Bosley, Rex C; Boulder
 Bowen, G Scott; Steamboat Springs
 Braslow, Jonathan S; Lakewood
 Britton, James A; Longmont
 Brown, Charles W; Denver; Englewood
 Brown, Courtney W; Lakewood
 Bruck, Edward F; Lakewood; Golden
 Brugioni, Daniel J; Aurora
 Brumfield, Robert A; Colorado Springs
 Buck, Peter G; Boulder
 Bussey, Randy M; Greeley

Carlton, Robert E; Colorado Springs
 Cavanaugh, Kenneth J; Longmont
 Ceriani, Philip D; Longmont
 Chang, Franklin M; Denver; Littleton
 Chimento, James J; Pueblo
 Chipman, Leon D; Vail; Avon
 Ciccone, William J; Colorado Springs
 Clarke, Theodore J; Denver
 Clayton, Mack L; Denver
 Cletcher, John O Jr; Longmont
 Clifford, Robert K; Glenwood Springs
 Cline, Donald W; Salida
 Conyers, David J; Denver
 Copeland, M Larry; Grand Junction
 Cotton, Ralph L; Wheat Ridge; Denver
 Cox, W William A; Denver
 Crane, Hal S; Denver
 Crosson, David L; Pueblo
 Cunningham, R Ray; Jackson WY
 Curran, Thomas E; Aurora

Darrah, Thomas J; Longmont
 Davis, I Stephen; Lakewood; Denver
 Davis, John K III; Denver
 Dennis, Douglas A; Denver; Golden
 Derkash, Robert S; Glenwood Springs

Deverell, William F; Colorado Springs
 Dewell, Larry M; Colorado Springs
 Donaldson, David H; Lakewood; Wheat Ridge
 Dorr, Eugene A; Wheat Ridge; Littleton
 Drabing, John H; Colorado Springs

Eckhoff, Donald G; Denver
 Eilert, Robert E; Denver; Littleton
 Evenson, E Harold; Wheat Ridge; Golden

Fawcett, Ronald A; Grand Junction; Fruita
 Feiler, Frederic C; Colorado Springs
 Ferlic, Donald C; Denver
 Ferris, William D; Boulder
 Fisher, David P; Grand Junction
 Fisher, Richard C; Denver; Aurora
 Fitzgerald, Edward M; Colorado Springs
 Fleming, Thomas C; Cortez
 Foster, Robert J; Colorado Springs
 Fralick, E Howard; Denver
 Franz, Elmer M; Englewood
 Freeman, John R; Aspen
 Friermood, Tom G; Lakewood
 Frost, Harold M Jr; Pueblo
 Furry, Dean L; Durango

Gamble, William E; Denver; Littleton
 Gazibara, Donald P; Colorado Springs
 Gehret, Peter; Aurora; Englewood
 Gigliotti, Lawrence G; Colorado Springs
 Glancy, Gerard L; Denver; Aurora
 Glassburn, Alba R Jr; Denver
 Goldberg, Bertram; Englewood
 Gottlieb, John E; Vail
 Grant, Lee B Jr; Fort Collins
 Greenberg, David C; Denver
 Greenberg, Roger; Denver
 Gurley, William D; Denver

Hall, Oliver E K; Grand Junction
 Hall, Robert F; Grand Junction
 Hamill, Richard G; Pueblo
 Hamlin, Charles; Denver
 Hansen, Daniel G; Boulder
 Hanson, Charles A; Pueblo; Beulah
 Hayhurst, Dale W; Pueblo
 Heller, Arnold; Denver
 Heller, Arthur P; Englewood
 Herrington, Alan G; Pueblo
 Hess, Gary W; Denver
 Hillmer, Barry; Durango
 Hirose, Hideo; Wheat Ridge; Golden
 Hofmann, Rudolf A; La Junta
 Holmes, James C; Denver
 Holt, Charles J; Aurora; Englewood
 Horstman, James K; Fort Collins
 Howard, Earle T; Loveland
 Howard, K Mason Jr; Englewood; Littleton
 Hunt, Theodore C; Denver
 Hunter, Brett P; Greeley

Imatani, Raymond J; Aurora

Jobe, Charles T; Greeley
 Johnson, Bernarr B; Carbondale
 Johnson, Robert V; Fort Collins
 Johnson, William M; Boulder
 Judson, James N; Alamosa

Kaiser, Dale C; Fort Collins
 Keener, William H; Denver
 Kelley, Ralph L; Pueblo

Kern, M Richard; Denver; Englewood
Kemmer, Richard J; Greeley
Kirk, Rodney E; Aspen
Knapp, H G Robert; Boulder
Krauser, William J; Durango
Kruse, Robert L; Englewood
Kurica, Kenneth B; Colorado Springs

Lahey, Michael D; Brighton
Larson, Wallace K; Colorado Springs
Leidholt, John D; Denver
Leo, Jan E; Denver
Lindberg, James P; Denver; Golden
Lindenbaum, Barry L; Aurora; Englewood
Lindenbaum, Stephen D; Aurora; Englewood
Loeffler, Robert D; Denver
Lotman, Alfred C; Denver
Lowe, Thomas G; Wheat Ridge; Lakewood

Mack, Robert P; Denver
Magill, Charles D; Englewood
Magsamen, B F; Fort Collins
Mahony, Thomas H III; Colorado Springs
Mangione, William J; Aurora; Denver
Maruyama, Herbert H; Lakewood
Massa, Emil J; Denver
Matthews, David S; Colorado Springs
Maxwell, George S; Longmont
Mayer, David M; Grand Junction
McCarthy, Thomas T; Colorado Springs
McCreedy, Gordon J; Wheat Ridge; Lakewood
McElhinney, James P; Denver
Menter, Robert R; Englewood
Merkert, George L Jr; Colorado Springs
Messenbaugh, Robert L; Wheat Ridge; Denver
Messner, Duane G; Lakewood
Messner, Milo L; Colorado Springs
Meyers, J Kim; Gunnison
Mitchell, Orderia F; Colorado Springs
Mitchelltree, Robert G; Golden
Muffy, James T; Englewood
Murray, Douglas M; Fort Collins

Nakano, Jeffrey M; Grand Junction
Nauts, Ruth B; Aurora; Denver
Nelson, Daniel G; Delta
Nelson, J Phillip; Denver; Watkins
Newman, Samuel P; Lakewood
Nygaard, Airell L; Denver

O'Donnell, James J; Colorado Springs
Ochsner, Ronald C; Englewood; Littleton
Oden, Robert R; Aspen
Odom, John A Jr; Lakewood; Wheat Ridge

Parkhurst, Aaron E; Greeley
Patterson, William R; Grand Junction
Pemberton, James P; Pueblo
Pflum, Eugene W; Pueblo
Phelps, Dennis A; Colorado Springs
Pinson, Ronald C; Grand Junction
Pise, Gerald J; Colorado Springs
Pohlman, Floyd H; Sterling; Atwood
Powers, Robert C; Englewood; Denver
Purnell, Mark L; Aspen

Rainey, Rhett K; Colorado Springs
Rector, James B; Boulder; Longmont
Rees, James M; Colorado Springs
Richards, Anthony; Delta
Robinson, Walter G Jr; Wheat Ridge
Roger, Sheldon; Denver; Englewood

Rokicki, Robert R; Aurora
Rome, Clifford J; Greeley
Roter, David L; Boulder
Rowland, Charles F; Lakewood
Rupp, Gerald R; Longmont

Schoo, Michael J; Montrose
Schuler, Willard D; Thornton; Westminster
Schultz, R J Black; Pueblo
Schutt, Robert C Jr; Colorado Springs
Scott, Francis A; Denver; Englewood
Scott, Gary A; Durango
Sherbok, Bernard C; Denver
Shroyer, Joseph M; Pueblo
Sillix, Patrick A; Grand Junction
Smith, John P; Wheat Ridge; Golden
Sobel, Roger M; Fort Collins
Stabel, David E; Thornton; Westminster
Stahl, Eric J; Lakewood; Golden
Stedman, Wilfred D; Sarasota FL
Steinhardt, Kasiel; Denver; Englewood
Straehley, Douglas J; Wheat Ridge; Arvada
Strasburger, Arthur K; Littleton; Englewood
Stringer, Theodore L; Colorado Springs
Sudan, A Chester Jr; Englewood; Denver
Susman, Morris H; Denver

Talbott, Richard D; Denver
Tartaglia, Louis Jr; Loveland
Taylor, Richard C; Littleton
Teal, Frederick F III; Denver
Thomas, Herbert J III; Lakewood; Denver
Thulin, William J; Englewood
Traina, Steven M; Denver
Tramutt, H Michael; Westminster; Arvada

Urban, James G; Aurora; Greenwood Village

Vandenberg, Joseph P; Boulder
Varner, Lawrence N; Englewood; Denver
VonRueden, Kurt W; Wheat Ridge
Vostinak, William J; Westminster

Waldron, C Milton; Colorado Springs
Waldrop, William L; Grand Junction
Walker, Ronald E; Colorado Springs
Waller, John A; Wheat Ridge
Weaver, James K; Glenwood Springs
Weinerman, Stewart K; Aurora; Englewood
Weingarten, Peter L; Aurora; Englewood
Wells, G Gray; Englewood
Wilkins, Ross M; Denver; Golden
Williams, William J; Boulder
Wilson, Christopher S; Wheat Ridge; Denver
Winkler, Louis H; Montrose
Wintory, Terry; Aurora
Wong, David A; Denver; Golden
Woods, Michael W; Greeley

Yamamoto, Francis K; Denver
Yocum, Harold A; Wheat Ridge; Golden
Young, Robert S Sr; Palm Springs CA
Young, Robert S II; Pueblo

OTOLOGY

Balkany, Thomas J; Denver
Berlin, Barry P; Littleton
Bourg, Wilson C III; Lakewood

Carris, James V; Colorado Springs

Demshki, Andrew E Jr; Pueblo
Dragul, Paul H; Denver; Englewood

English, Gerald M; Englewood; Denver

Goin, Donald W; Denver

Hohengarten, John H; Colorado Springs

Jones, Roy W; Denver; Englewood

Lipkin, Alan F; Denver

Smith, Bruce M; Fort Collins

OTORHINOLARYNGOLOGY

Arenberg, I Kaufman; Denver; Englewood

Balkany, Thomas J; Denver
Barcz, Dennis V; Wheat Ridge
Bedard, Charles H; Pueblo
Berlin, Barry P; Littleton
Birney, Janice L; Littleton; Golden
Blair, James R; Denver
Blattner, Robert Elliott; Greeley
Burgert, Paul H; Glenwood Springs

Capoot, Gerald D Jr; Denver; Golden
Carr, Alfred N; Longmont
Carr, H Patrick; Aurora
Carris, James V; Colorado Springs
Carter, Donald R; Englewood; Denver
Cate, James R; Englewood; Littleton
Childers, Marvin A III; Loveland
Cichon, J Valentine; Pueblo
Conlon, Robert M; Fort Collins
Cook, Roger P; Fort Collins
Cundy, Richard L; Denver

Dart, Merrill O; Loma Linda CA
Demos, George T; Aurora
Demshki, Andrew E Jr; Pueblo
Dennington, Michael L; Aurora; Denver
Drohan, Paul S; Lakewood

Edgerton, J Craig; Durango
English, Gerald M; Englewood; Denver
Ernster, Joel A; Colorado Springs

Fieman, Robert J; Denver
Fieman, Sidney H; Denver

Gabelman, Omer P; Grand Junction; Cape Coral FL

Hartshorn, Denzel F; Grand Junction
Hogle, Gregory A; Denver
Hohengarten, John H; Colorado Springs
Huffaker, Richard C; Grand Junction

Jones, Roy W; Denver; Englewood

Kendall, Ralph T; Colorado Springs
Kinzler, Dale L; Arvada
Kosmicki, Patrick W; Denver; Englewood
Krekorian, Edmund A; Denver; Aurora
Kreutzer, Erik W; Lakewood; Denver

Laforce, Richard F; Sterling
Lillydahl, William C; Boulder

OTORHINOLARYNGOLOGY - PEDIATRIC SURGERY

Lipkin, Alan F; Denver

Manhart, Harold E; Montrose
Marbry, George W; Boulder
McMullan, Kathryn L; Brighton
Miller, Roger W; Pueblo
Modlin, Richard A; Colorado Springs; Manitou
Springs
Murphy, Daniel S; Denver
Myers, Carl B; Denver

Olson, Neiland R; Colorado Springs

Padrnos, Richard E; Boulder
Peterson, James H; Greeley
Peterson, Keith E; Greeley
Philpott, Ivan W; Denver
Pruitt, J C; Colorado Springs

Ranzenberger, Steven S; Colorado Springs
Rasband, Rick W; Aurora
Romett, J Lewis; Colorado Springs
Rusk, Harvey S; Pueblo

Schilling, Donald H; Boulder
Silveira, M Beatriz; Aurora
Smith, Bruce M; Fort Collins
Sobel, John H; Thornton
Spofford, Bryan T; Denver
Stecker, Raymond H; Colorado Springs
Sutton, Paul; Denver

Tralla, Michael A; Denver; Cherry Hills Village

Vandewater, Frank W; Lakewood

Weaver, Marlin E; Denver
Whistler, Carl W; Denver
Widney, Sam E; Greeley
Robert P Waldmann;; Denver
Wilson, William H; Denver

Zuidema, Jacob J; Estes Park

PATHOLOGY

Allen, Patrick C; Loveland
Alt, Brooke; Boulder
Ashe, S M Prather; Denver

Bender, Brice J; Longmont
Benson, Alan E; Longmont
Benziger, Michael J; Montrose
Berthrong, Morgan; Colorado Springs
Black, William C Jr; Denver
Bowerman, David L; Colorado Springs
Buslee, Roger M; Durango

Canfield, Thomas M; Montrose
Carver, Eleanor S; Englewood
Carver, Robert K; Englewood; Aurora
Cox, William F Jr; Wheat Ridge; Golden

Dawson, Donald L; Colorado Springs
deCampo, Rosina E; Denver; Littleton
Degener, David F; Grand Junction
Denst, John; Denver
Dickey, Gary D; Denver; Littleton
Dickey, William C; Denver; Morrison
Dobos, Emeric I; Denver
Doucette, John W; Denver

Englund, Garth W; Fort Collins

Fritz, Thomas J; Grand Junction

Galloway, W Ben; Denver; Aurora
Giorno, Ralph C; Denver

Handy, Allan W; Pagosa Springs
Hanley, Kevin W; Boulder
Hodges, W Jeff; Denver; Golden
Holm, William A; La Junta
Howe, John J; Pueblo
Howland, William W; Boulder
Hyman, Michael P; Denver

Iivonen, Roger Paul; Denver

Kehmeier, Dean F; Durango
Kennedy, L James Jr; Denver
Kidder, Lewis A; Mesa AZ
Klein, M G; Grand Junction
Knaus, Kendal C; La Junta
Konopka, Derek J; Denver
Kurland, Stanley K; Denver

Lagerborg, Vincent A; Denver
Leitch, William H; Denver
Lepoff, Ronald B; Denver
Long, Aaron D; Grand Junction
Lowell, David H; Denver; Englewood

Marsh, Stuart G; Pueblo
McGee, Hugh J Jr; Wheat Ridge; Golden
Merrick, Thomas A; Denver
Meyer, John E; Boulder
Mills, John W; Greeley
Minzer, Eugene R; Denver
Moore, Gene H; Colorado Springs
Morgan, David L; Englewood; Denver

Newman, Alice Amacher; Wheat Ridge

Olshock, Richard; Wheat Ridge

Palmer, Harold D; Sedona AZ
Parker, Robert K; Denver
Peck, Sanford D; Denver
Pirch, Howard R; Denver
Pizzo, Christopher J; Denver
Poulsom, Edwin D; Denver

Rashleigh, Perry L; Grand Junction
Reid, John H; Fort Collins
Reiquam, C W; Denver; Lakewood
Reynders, Michel A; Denver
Robichaux, Val; Cortez; Durango

Saccomanno, Geno; Grand Junction
Sartorio, Ernest Jr; Denver
Sciotto, Cosimo G; Colorado Springs
Sherwin, Richard M; Colorado Springs
Smith, Drew H; Sterling
Smith, Myron C; Greeley
Stienmier, Richard H; Colorado Springs
Stoffel, Philip T; Aurora; Denver

Timmermans, Dirk F; Sterling
Toll, Giles D; Denver
Toll, Henry W Jr; Denver
Truell, John E; Englewood

Venbrux, Henry J; Greeley
Vincent, Thomas N; Denver; Englewood
Visconti, Paul B; Denver; Aurora

Warren, George H II; Denver
Wright, A Morgan; Colorado Springs

PEDIATRIC ALLERGY

Andrews, Francine G; Lakewood; Littleton
Avner, Sanford E; Denver; Englewood

Bock, S Allan; Boulder
Buckley, Jerome M; Aurora; Denver

Cersonsky, H Sol; Denver

Go, Sumio; Colorado Springs

Karlin, Joel M; Lakewood; Denver
Koepke, Jerald W; Denver; Littleton

Murthy, Krishna C; Fort Collins

Vedanthan, P K; Fort Collins

PEDIATRIC CARDIOLOGY

Battock, Dennis J; Aurora

Duster, Mark C; Colorado Springs

Greensides, Robert D; Colorado Springs

Hawes, Charles R; Denver; Littleton

PEDIATRIC ENDOCRINOLOGY

Weiss, Edra B; Lakewood; Littleton

PEDIATRIC NEPHROLOGY

Klenk, Eugene L; Denver

PEDIATRIC RADIOLOGY

Stavros, A Thomas; Englewood

PEDIATRIC SURGERY

Akers, David R; Denver

Bailey, William C; Denver; Englewood

Eilert, Robert E; Denver; Littleton

Glancy, Gerard L; Denver; Aurora

Haase, Gerald M; Denver; Englewood

Janik, Joseph S; Denver; Englewood

MacPhee, William M; Aurora; Denver
Martinez-Frontanilla, Luis A; Denver
Meagher, David P Jr; Denver; Golden

Petersen, Warren A; Grand Junction

Wayne, Eli R; Denver; Englewood

PEDIATRICS

Adasek, Peter J; Colorado Springs
Amer, Jules; Denver
Arthur, James H; Denver
Ashbach, Nancy W; Loveland
Aumiller, Charles L; Boulder
Auxier, Gary G; Montrose

Barber, Donn J; Greeley
Barber, Donn R; Denver; Aurora
Barkin, Roger M; Denver
Barnett, Stephen; Aspen
Barter, Jeffrey; Littleton; Englewood
Baumgartner, Ronald; Boulder
Beach, Don E; Delta
Beard, Donald Y; Fort Collins
Bedell, Richard F; Boulder
Beebe, Kenneth H; Smyrna DE
Berman, Edward R; Denver
Blakeman, Gordon J; Denver
Booth, Richard R; Fort Collins
Bremers, Jean M; Denver; Englewood
Brigham, Dwight P B; Greeley
Brown, Jeffrey M; Colorado Springs
Brudenell, Mary Dina; Boulder
Bryan, Richard Wm D; Lakewood
Bublitz, Deborah K; Littleton

Cantwell, Hendrika B; Denver; Golden
Cardos, Stephen F; Brighton
Carsey, Eben D Jr; Boulder
Christon, Margaret A; Fort Collins
Collins, Michael A; Boulder
Cook, Donald E; Greeley
Cooper, John D; Greeley
Curry, Vernell W; Pueblo

Daneshbod-Skibba, Ghodsi; Arvada
Dieringer, Thomas M; Fort Collins
Dimaria, Vincent A; Littleton
Dunn, Thomas R; Greeley

Eisenbaum, Allan M; Aurora
Elliott, Max A; Fort Collins
Ellsworth, Rita A; Lamar

Feiten, Daniel J; Englewood; Denver
Fink, Anthony G; Greeley
Fitzgerald, David T; Longmont
Flax, Leo J; Denver
Fleischaker, Gordon H Jr; Wheat Ridge; Lakewood
Frank, Michael S B; Denver
Fries, Stephen M; Boulder

Gelfand, Daniel E; Denver
Genrich, John H; Colorado Springs
Gibson, Matthew L Jr; Aurora
Gilman, James I; Denver
Ginsburg, Freeman M; Aurora
Ginsburg, Max M; Denver
Glasser, Edward J; Littleton
Go, Sumio; Colorado Springs
Goldson, Edward; Denver
Goldstein, Daniel A; Denver
Golub, Daniel E; Fort Collins
Greensher, Arnold; Colorado Springs
Grosshans, Charles L; Lakewood
Guard, Harold L; Englewood; Denver

Halperin, Lisa F; Denver; Boulder

Hartley, Robert D; Greeley
Harvey, John S Jr; Fort Collins
Hibbard, H Davis; Louisville; Boulder
Hoch, Peter C; Denver

Johnson, R Reed; Denver; Littleton

Kelly, Robert R; Alamosa
Kelsall, Charles H; Englewood
Kinnard, Melinda M; Aurora; Denver
Kitlowski, Noel P; Aurora
Klenk, Eugene L; Denver
Koepke, Jerald W; Denver; Littleton
Kuna, Gupta B; Pueblo
Kurtz, Michael L; Aurora; Denver
Kutalek, Kenneth J; Evergreen

LaForce, William R; Sterling
Lampe, John M; Denver
Landon, F Rodman; Colorado Springs
Langendoerfer, Sharon I; Denver
Leeds, John F; Denver; Arvada
Lewis, Philip L; Denver
Lubchenko, Lula O; Denver
Luebbert, Steven J; Colorado Springs

Mangalik, Asha; Denver
Markson, Jay A; Denver
Maurer, Lawrence E; Boulder
McCallon, T Dwaine; Buena Vista
McCreery, Richard A; Colorado Springs
McDaniel, Janice R; Grand Junction
McDonald, Roderick J Jr; Denver; Littleton
McGinnis, James G; Fort Collins
McKinney-Clark, Jeanne; Longmont
Melinkovich, Paul; Denver; Evergreen
Meyer, Maryethel; Lakewood
Meyer, Ronald C; Wheat Ridge; Lakewood
Mijer, Frits; Denver
Miller, Alvin P; Denver
Miller, Ted W; Pueblo
Miller, William B; Lakewood
Mokrohisky, Stefan T; Denver
Montgomery, Eva; Lakewood; Littleton
Moon, William A Jr; Denver
Moore, Donald B; Boulder
Moore, Richard H; Louisville; Boulder
Moore, Virginia M; Littleton
Morrell, Don L; Denver
Morris, Dorothy L; Arvada
Moyer, John P; Evergreen

Needham, Merl E; Denver; Littleton
Nelson, John M; Denver
Nelson, Nancy E; Denver
Nelson, Roy G; Boulder; Louisville
Nicholson, Stephen S; Lakewood; Littleton
Nielsen, Peter G; Colorado Springs

O'Meara, Owen P; Denver; Englewood

Patel, Dayalji D; Thornton; Westminster
Pearlman, Mark H; Aurora; Englewood
Peppers, Tracy D; Denver
Potts, William E; Lakewood; Denver
Proctor, Carla R; Pueblo

Rabinowitz, Jay S; Parker
Rademacher, Raymond J; Denver
Rao, Y N; Pueblo
Reddy, Carol F; Denver
Reich, Harvey M; Wheat Ridge

Reich, Laura M; Colorado Springs
Rhodes, Paul H; Lakewood
Rich, Berkeley L; Littleton
Richeaux, Kenneth A; Colorado Springs
Richer, Michaleen; Denver
Riley, Conrad M; Denver
Roos, David Brian; Aurora
Roos, Richard K; Boulder
Rosenberg, Jonas S; Denver
Rossi, Joseph P; Vail
Rumack, Barry H; Denver; Littleton
Rumley, A S; Fort Collins

Sachs, Robert A; Littleton
Sargent, Robert A; Littleton; Englewood
Schaten, Robin L; Longmont
Schick, Walter R; Denver
Schroeder, Fredric A; Denver; Englewood
Schultz, Linda M; Glenwood Springs
Scott, Jeffrey R; Englewood; Castle Rock
Shiffman, Richard N; Arvada
Shira, James E; Denver; Englewood
Shoptaugh, A Glenn Jr; Colorado Springs
Sikand, Gita S; Denver; Englewood
Silverman, Leonard D; Aurora; Denver
Simerville, James J; Colorado Springs
Simon, David C; Aurora
Sisson, Earl M; Greeley
Spalter, Roger M; Littleton
Stapp, R Holbrook; Englewood; Denver
Stark, Meritt W; Las Cruces NM
Stephens, George K III; Boulder
Stiefler, Richard E; Grand Junction
Stigler, Del; Denver
Storm, Thomas P; Denver; Northglenn
Strain, James E; Elk Grove Village IL; Prospect Hts IL
Studebaker, Lynne R; Englewood; Golden

Takahashi, William Y; Boulder
Tharp, James A; Denver; Littleton
Thompson, Lee S; Aurora; Denver
Thompson, Stephen D; Wheat Ridge; Arvada
Tschetter, Paul N; Englewood
Tubergen, David G; Denver

Verploeg, Ralph H; Denver

Walters, Vernon W; Evergreen
Weiner, Melvin H; Littleton; Denver
Weiss, Edra B; Lakewood; Littleton
Wells, David W; Parker
Wera, Thomas J; Fort Collins
Westerlund, Margaret E; Denver
Wheelock, Seymour E; Denver
White, Wallace C; Denver; Aurora
Wiard, Thomas D; Montrose
Winchester, Paul D; Colorado Springs
Wing, Diane L; Parker

Ziegler, William L; Denver

PHYSICAL MEDICINE & REHAB

Bramer, Clifford F; Pueblo

Cabiling, L C Jr; Pueblo
Carle, Terry V; Englewood
Cilo, Mark P; Englewood
Crawford, James W; Pueblo

PHYSICAL MEDICINE & REHAB - PSYCHIATRY

Davis, Roger W; Colorado Springs
Dillon, T James; Denver
Dorr, Eugene A; Wheat Ridge; Littleton

Headrick, Ann C; Denver
Hsu, Shih Fong; Englewood

Keely, Marjorie L; Grand Junction
Kim, Joon-Whee; Aurora; Englewood

Lammertse, Daniel P; Englewood
Lueck, Roger A; Englewood; Aurora

Marcelo, Teresita R; Denver
Menter, Robert R; Englewood

Ogden, McAlpine P; Boulder

Ritsick, Joseph A; Denver

Sable, Aaron W; Denver
Scaer, Robert C; Boulder
Scott, Floyd E; Denver; Littleton
Shahzadi, Mehrbanoo (Mary); Colorado Springs
Shonk, John J Jr; Colorado Springs
Struck, Teresa H; Colorado Springs

Twombly, George C Jr; Denver; Englewood

Weintraub, Alan H; Englewood

Yarnell, Philip R; Denver; Englewood

PLASTIC SURGERY

Albin, Richard E; Denver
Arganese, Thomas J; Denver; Englewood

Baker, Bruce B; Englewood
Betson, Raymond J Jr; Denver
Burrow, Claude H; Boulder

Charles, David M; Denver
Cochran, John H Jr; Denver
Cramer, Lester M; Colorado Springs

DuBois, David D; Colorado Springs
Duncan, Diane; Lubbock TX
Durand, Linda L S; Greeley

Eisenbaum, Sidney L; Aurora; Englewood

Fawell, Thomas W; Highlands Ranch

Garcia, F A; Denver
Gargan, Thomas J III; Denver; Englewood
Geisterfer, Dirk J; Denver; Englewood
German, Charles; Englewood
Gill, John R; Wheat Ridge; Lakewood
Goldstein, Stephen A; Englewood; Aurora
Grossman, John A; Denver

Hanson, J R; Colorado Springs

Janson, Richard A; Grand Junction
Jaouen, Richard M; Greeley

Knize, David M; Englewood
Kuisle, Hans R; Boulder

Lacy, George M; Denver; Englewood

Lawrence, Richard A; Pueblo
Luecke, Donald C; Pueblo

Macomber, Douglas W; Denver
Marritt, Emanuel; Englewood
McCulloch, Alexander T Jr; Colorado Springs
McKinnon, Douglas A; Denver
Merkel, William D; Grand Junction

O'Donnell, Richard S; Denver; Englewood

Payea, Norman P II; Lakewood; Wheat Ridge

Raskin, Douglas J; Colorado Springs
Repogle, Scott L; Longmont; Boulder
Reynolds, Craig A; Lakewood
Rodriguez, Jose L; Glenwood Springs

Saber, William L; Denver; Golden
Schmidt, Douglas R; Denver
Serota, Joseph F; Aurora; Englewood
Shesol, Barry F; Aurora
Smith, Kirk M; Fort Collins
Snively, Steven L; Denver; Littleton
Speirs, Alfred C; Colorado Springs
Stormo, Alan C; Boulder

Tegtmeier, Ronald E; Golden
Thomas, Donn D; Englewood
Thompson, Richard H Jr; Littleton; Englewood

Vigor, William Jr; Wheat Ridge; Lakewood

Walker, Ian G; Colorado Springs
Weatherley-White, Roy C A; Denver
Winder, Denis J; Durango

Zbyski, Joseph R; Denver; Englewood
Zwiebel, Paul C; Englewood; Littleton

PROCTOLOGY

Loken, Arnold B; Littleton

Turley, Ginger T; Englewood; Aurora

PSYCHIATRY

Anderson, Judson T; Colorado Springs
Anker, Jeffrey L; Boulder
Anneberg, Spencer K; Greeley
Austin, Lawrence E; Pueblo

Barbato, Lewis; Denver
Barley, Leonard V Jr; Colorado Springs
Behrns, Robert S; Englewood
Bernstein, Lawrence H; Denver
Berson, Deane S; Colorado Springs
Bonney, Charles S; Pueblo
Botha, Eleanor; Englewood
Boyd, J David; Boulder
Brady, E James; Colorado Springs
Bumgarner, Frank E Jr; Denver

Casper, Edmund; Denver
Caster, David U; Colorado Springs
Cattell, Richard B; Denver; Golden
Chinburg, Ken G; Englewood; Littleton
Clark, Lee W; Denver
Cohen, Elliot S; Colorado Springs
Cohen, R Robert; Aurora

Conde, Richard L; Colorado Springs
Cooper, John A; Denver
Courtright, Anne C; Pueblo
Cresswell, George F; Colorado Springs
Culp, Raymond M; Alamosa; Del Norte
Currier, Laurence M; Littleton

Dahlberg, William W; Denver
Dank, Gerald M; Boulder
Davis, Herbert A; Colorado Springs
DeSimone, Donna M; Wheat Ridge
Dilts, Stephen L; Denver; Lakewood
Drake, Frank R Sr; Denver
Dye, Charley W; Colorado Springs

Elwonger, David M; Colorado Springs
Espey, William M; Denver
Everett, Ralph E; Colorado Springs

Faul, John C; Denver
Firestone, Marvin H; Boulder
Fletcher, Gary H; Englewood
Freda, Paul D; Colorado Springs
Freund, B William; La Junta
Frey, Henry; Denver

Gamblin, Kenneth R; Colorado Springs
Garfein, Arthur D; Littleton
Garnand, Richard B; Littleton
Glasco, Donald G; Littleton
Glismann, John D; Lakewood
Goldmuntz, Barry M; Colorado Springs; Manitou Springs
Good, David M; Longmont
Graham, William H; Aurora; Denver
Grasso, Ralph J; Boulder
Gregory, Douglas P; Colorado Springs
Grey, Leslie; Denver

Hannum, John N; Denver
Harley, Ned R; Boulder
Hauser, Charles E; Colorado Springs
Heckmann, Richard C; Denver
Herriott, Michael; Colorado Springs
Hersch, L Brian; Boulder
Hilton, Robert J; Denver
Hoffman, Richard A; Aurora; Littleton
Hopple, Lynwood M; Montrose
Hunter, Carol A; Fort Lyon
Hurley, Thomas J; Colorado Springs

Illige-Saucier, Martha; Denver
Ingram, William L; Colorado Springs

Jacobson, Jacob G; Boulder
Jensen, Joseph S; Denver
Johnson, Roger M; Greeley
Jones, William A; Fort Collins

Keener, Carl L; Denver
Kelley, Severance B; Longmont
Kennison, Warren S; Denver; Golden
Kent, Emma M; Lakewood
Kort, Haydee C; Pueblo
Krause, Kenneth D; Aurora; Denver

Lauer, James W; Denver
Lazarus, Jeremy A; Englewood
Lentini, Vincent C; Colorado Springs
Levy, Irwin B; Denver
Lewis, Frederick A Jr; Englewood
Lightburn, John L; Denver; Golden

Locketz, Harold D; Denver

Marx, Johann R; Denver
McCaw, William W Jr; Denver
McClure, Scott H; Colorado Springs
Miller, Thomas E; Grand Junction
Minsky, Joan E; Denver
Moffett, P Michael; Longmont
Moldauer, Leslie; Denver
Moser, Edgar A; Denver
Mueller, Stephen O; Colorado Springs
Mules, Janet E; Denver

Nakakuki, Masafumi; Denver
Newlin, Carol M; Fort Collins

Oppegard, Charles R; Englewood; Denver

Paley, Aaron; Denver
Pecevich, Mark; Pueblo
Pensack, Robert J; Denver
Petersen, Gordon W; Denver
Plazak, Dean J; Boulder
Preble, Parker E; Fort Collins
Pushkin, Joshua R; Denver

Rabin, Ronald A; Denver
Rangell, Nelson; Denver
Raybin, James B; Boulder
Rehg, William F; Englewood
Rice, David R; Jamestown
Rose, Cynthia P; Colorado Springs
Rosenbloom, J L; Pueblo
Rubinstein, David H; Denver; Englewood
Rymer, Charles A; Denver

Sadler, John E Jr; Denver
Scott, George E; La Junta; Fort Lyon
Shulruff, Steven M; Denver
Siegel, Clifford H; Aurora
Singleton, Albert O III; Galveston TX
Solomon, Maurice C; Colorado Springs
Stanfield, Clyde; Denver
Steele, Brandt F; Denver
Stein, Gerald S; Colorado Springs
Sykes, William M; Denver; Golden
Szvetcz, Frank C; Colorado Springs

Thomason, Hubert H Jr; Denver
Troy, Richard E; Grand Junction

VandePolder, Jean A; Denver

Weiss, Stanley S; Denver; Englewood
Whitlock, Paul R; Durango
Wiggins, Roger G; Evergreen
Willett, Allan B; Denver
Williams, C Rex; Colorado Springs
Wood, Benjamin S Jr; Denver

Yap, Alfredo T; Pueblo
Yost, John F; Aurora; Parker

Zaki, Sayed M; Denver

PSYCHIATRY & NEUROLOGY

Ballard, Phillip W; Colorado Springs

Guerra, Frank; Englewood

McCleary, Edward L; Denver

Sills, Theron G; Greeley

PSYCHOANALYSIS

Cattell, Richard B; Denver; Golden

Garfein, Arthur D; Littleton

Jacobson, Jacob G; Boulder

Keener, Carl L; Denver
Kennison, Warren S; Denver; Golden

Stein, Gerald S; Colorado Springs

Weiss, Stanley S; Denver; Englewood

PSYCHOSOMATIC MED

Barley, Leonard V Jr; Colorado Springs

Guthrie, Michael B; Colorado Springs

Perry, Robert B; Littleton

Smith, Darwin W; Boulder

Weiner, Melvin H; Littleton; Denver

PUBLIC HEALTH

Bowling, F Lee; Englewood

Donnelly, John H; Boulder
Doster, Mildred E; Denver
Dowding, Charles H Jr; Aurora

Ferriss, David M Jr; Denver

Glismann, John D; Lakewood

Hattem, Albert R; Fort Lupton; Denver

Kurowski, J L (Jim); Denver

Madison, Bruce A; Denver
Melinkovich, Paul; Denver; Evergreen
Muth, John B; Colorado Springs

Raattama, Ruth J; Denver
Redwine, Robert H; Pueblo

Sherwood, Robert W; Fort Collins
Stuver-Webster, Edna L; Denver

Thomasson, George O; Englewood; Highlands
Ranch
Thron, Ann L; Boulder

Vernon, Thomas M Jr; Denver

White, Carleton B; Littleton

Zick, H Rolan; Boulder

PULMONARY DISEASES

Ansfield, Michael J; Colorado Springs

Bechtel, Joel J; Grand Junction
Berg, Robert N; Denver; Englewood
Bigelow, D Boyd; Denver
Bjerke, Randal D; Boulder
Bogin, Robert M; Denver; Evergreen
Bortz, Alan I; Littleton; Denver
Broughton, Joseph O Jr; Denver
Buckley, John E; Denver

Canaday, Peter G; Denver
Canham, Edward M; Aurora
Cash, Robert L; Greeley
Char, David C; Thornton; Denver
Clark, Dumont F; Pueblo
Clifford, Dennis P; Wheat Ridge; Golden
Coffman, Delmar L; Wheat Ridge

Davidson, Allan B; Colorado Springs
Demarco, Frank J Jr; Wheat Ridge
Dempsey, Edward C; Denver

Ellis, James H Jr; Denver; Englewood
Emrie, Philip A; Denver

Fellers, Neal H; Greeley
Fliegelman, Martin J; Denver; Englewood

Gerber, Michael J; Wheat Ridge; Denver
Gleichman, Theodore K; Littleton
Grady, James R; Boulder
Gunstream, Stanley R; Fort Collins

Hurst, Allan; Santa Fe NM

Kelble, David L; Denver; Evergreen
Kelley, William A; Grand Junction
Kennedy, Timothy C; Denver
King, Talmadge E Jr; Denver; Aurora

Lindquist, Valdemar A Y; Denver
Luzietti, Richard G; Aurora; Littleton

McClung, Harvey W; Pueblo
Mitchell, Roger S; Denver
Mountain, Richard D; Denver; Littleton

Newcomer, John A; Colorado Springs
Newman, Lee S; Denver

Olvey, Stuart K; Colorado Springs

Patz, David S; Grand Junction
Peterson, W Peter; Denver
Petty, Thomas L; Denver
Phelps, Harvey W; Pueblo
Pluss, William T; Denver

Repsher, Lawrence H; Wheat Ridge
Rest, Arthur; Denver

Salerno, Charles F; Pueblo
Sandhaus, Robert A; Denver; Littleton
Sillers, William S; Englewood; Denver
Slonim, N Balfour; Denver

Tate, Robert M; Denver
Telatnik, Stephen C; Colorado Springs
Truitt, Leigh; Denver

Varnum, Robert C; Colorado Springs

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Weber, Bruce J; Aurora
Weisiger, Ken H; Denver; Aurora
Weller, William J; Colorado Springs
Wick, James E; Aurora; Denver
Wicks, Allan B; Denver
Wiggins, Milton L; Colorado Springs
Williams, Clyde H III; Colorado Springs

Ziporin, Philip; Denver

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DeBiose, David A; Denver

Paquette, Frederick R; Grand Junction

Schneider, Michael J; Denver; Englewood
Simpson, C Kelley; Englewood

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Aarestad, Norman O; Denver
Armbrust, Douglas W; Greeley

Baker, Claude D; Denver; Littleton
Barber, Frank E; Denver
Bates, Thomas R; Colorado Springs
Bowles, Charles R; Boulder
Brake, Janneutte; Brighton; Aurora
Brenneman, Janice K; Englewood; Denver
Brubaker, James N; Denver
Budge, John C; Longmont
Burdick, Duncan C; Colorado Springs
Burns, Dorr H; Grand Junction

Callaghan, Edward E; Denver
Chalus, Dennis M; Denver; Englewood
Cook, Philip S; Denver
Cronin, John C; Fort Collins
Curtis, William S; Boulder
Cutshall, Richard C; Greeley

Danner, Paul K; Denver; Littleton
Davidson, James E; Fort Collins
Dickson, Robert P; Pueblo
Dillon, T James; Denver
Dooher, Gerald R; Vail
Dovgan, Samo J; Cortez
Dubach, Kenneth F; Boulder

Earley, William C; Denver; Parker
Eller, Jimmie L; Denver; Aurora
Emmons, Lawrence L; Denver
Everhart, Floyd R; Aurora

Fink, Donald W; Denver; Englewood
Fleming, John A; Lakewood
Freed, John H; Denver
Fulton, Richard E; Grand Junction

Gannuch, Garret M; Denver
Goldstein, Warren D; Colorado Springs
Goodman, Neal; Denver; Englewood
Grantham, J Geary; Boulder
Griffin, Dennis J; Englewood
Grogan, John M; Denver; Englewood

Hamm, Robert M; Loveland; Fort Collins
Hammer, Raymond W; Litchfield PK AZ
Hansen, Lowell H; Denver

Harris, Charles H; Canon City
Hewitt, Glenn O; Greeley

Isgreen, John W; Montrose

Jamroz, Brandt A; Denver
Jobe, William E; Englewood; Denver
Jobe, Wm Louis; Denver; Littleton
Johnson, F Bing; Grand Junction

Kahn, Robert J; Greeley
Kennedy, Thomas J; Englewood
Kure, Jack R; Denver

Labouisse, David W; Alamosa
Lemon, John C; Aurora; Englewood
List, James E; Denver; Littleton
Loeffel, Edwin J Jr; Buena Vista

Maresh, Gerald S; Englewood
Marks, Galen D; Brighton; Erie
Matthews, Frank D; Denver
McHugh, Robert L; Alamosa
McMillin, Kim I; Denver; Englewood
McMullen, James W; Colorado Springs
Mencini, Raymond A; Denver; Aurora
Montana, Margaret A; Denver
Moorhead, Kenneth D; Boulder
Moulton, Jeffrey S; Denver; Englewood

Nowinski, Donald M; Boulder

Partington, Cyrus W; Colorado Springs
Pear, Bert Lincoln; Denver
Pertcheck, Lawrence M; Denver; Englewood
Phelps, Lynn M; Pueblo
Pickard, Thomas M; Sterling
Pitman, William M; Colorado Springs
Pomerantz, Harold; Denver
Porter, Richard F; Alamosa
Protas, Jacob M; Aspen

Quimby, Robert L; Walsenburg

Raetz, David A; Denver; Golden
Rea, John J; Pueblo; Pueblo West
Richardson, David L; Denver
Riley, John C III; Englewood
Roberts, John F; Englewood; Littleton
Roller, Lothar K; Canon City
Rothberg, Alan D; Aurora

Salzman, Emanuel; Denver
Schaumburg, Edward G Jr; Greeley
Seale, William B; Boulder
Seigel, Robert S; Denver; Golden
Shealy, Stephen H; Littleton
Singer, Charles J; Fort Collins
Smazal, Stanley F Jr; Englewood
Smith, Royal A; Glenwood Springs
Spurck, Robert P; Denver; Littleton
Stampfli, Wendell P; Rochester MN
Stavros, A Thomas; Englewood

Vickery, Don L; Pueblo

Ward, Bruce A; Grand Junction
Wertz, George F; Denver
Whitaker, John B; Denver; Aurora
Wicks, Jeffrey D; Denver; Evergreen
Witten, Julia S; Littleton
Witwer, John P; Denver; Evergreen

Wolff, James N; Englewood
Wurtzebach, Lorenz R; Lakewood

Yen, William T; Thornton

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Bravo, Jaime F; Denver
Briney, Walter G; Denver
Bushnell, Walter J; Denver; Littleton

Dreyfuss, Bruce J; Denver
Durand, Charles G III; Greeley

Falbo, Anthony; Aurora

Glassman, Kenneth P; Denver

Hatfield, Wendell; Littleton

Kaplan, Herbert; Denver
Kassan, Stuart S; Wheat Ridge; Denver

Lain, Charles D; Colorado Springs
Lewis, Ted T; Colorado Springs
Lynn, John T III; Colorado Springs

MacCarter, Daryl K; Denver
McDonough, Gilbert L; Denver

Ogden, McAlpine P; Boulder

Peacock, William F; Littleton

Rosenberg, Alan L; Denver

Schiff, Michael; Aurora; Englewood
Schocket, Alan L; Denver
Smyth, Charley J; Denver

Young, George T; Boulder

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Dragul, Paul H; Denver; Englewood

English, Gerald M; Englewood; Denver

Gabelman, Omer P; Grand Junction; Cape Coral FL

Jones, Roy W; Denver; Englewood

Lipkin, Alan F; Denver

SEXUAL DYSFUNCTION

Firestone, Marvin H; Boulder

Grossman, Fred; Denver; Englewood

Kopelman, J Joshua; Aurora

Levy, Irwin B; Denver

Wilson, William B Jr; Denver; Littleton

SPORTS MEDICINE

Anderson, Gilbert I; Greeley
Arnold, Andrew L; Winter Park; Tabernash

Bachman, David C; Ouray; Ridgway
Blanchard, Thomas J; Commerce City; Northglenn
Brown, Courtney W; Lakewood
Buck, Peter G; Boulder
Burton, Richard M; Colorado Springs
Burton, William V; Boulder

Clifford, Robert K; Glenwood Springs

Dorr, Eugene A; Wheat Ridge; Littleton

Ewing, Peter C; Boulder

Ferris, William D; Boulder

Garland, Dave T; Denver; Lakewood
Gibson, Richard W; Boulder
Greenberg, David C; Denver

Kirk, Rodney E; Aspen

Leidholt, John D; Denver
Lovejoy, Brent V; Englewood

Ochsner, Ronald C; Englewood; Littleton

Rainey, Rhett K; Colorado Springs
Rector, James B; Boulder; Longmont
Robinson, Walter G Jr; Wheat Ridge

Schutt, Robert C Jr; Colorado Springs
Simerville, James J; Colorado Springs
Spiro, R Timothy; Pueblo
Sprague, Dawin C; Johnstown
Strickland, Darwin J; Denver
Swarsen, Ronald J; Denver

THERAPEUTIC RADIOLOGY

Aarestad, Norman O; Denver

Bloor, Robert J; Pueblo West

Daniel, William E; Denver; Englewood

Howell, Kathryn T; Denver

Kersey, Dudley H; Colorado Springs
Kinzie, Jeannie J; Denver; Evergreen

Lienert, R Eugene; Denver; Englewood
Lim, Meng Lai; Greeley

Mackey, Winona R; Pueblo; Colorado Springs
Mateskon, Charles A; Denver

Ohlsen, Joel D; Pueblo; Rye

Schiller, John E; Colorado Springs
Schneider, Michael J; Denver; Englewood
Schreiber, David P; Denver; Englewood
Stokes, Michael F; Denver; Littleton

Tennant, Edward E; Casper WY

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Anderson, James T; Colorado Springs
Aragon, Guillermo E; Denver

Becker, Paul G; Denver
Blair, Emil; Denver
Brantigan, Charles O; Denver
Brittain, Robert S; Englewood; Littleton
Brown, Robert K; Denver

Campbell, David N; Denver; Littleton
Carey, Thomas A; Denver
Carson, Stanley D; Denver
Clarke, David R; Denver
Cleveland, Henry C; Denver
Condon, William B; Denver

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Douglas, Kenneth R; Wheat Ridge; Arvada
Dumm, James B; Denver

Edgerton, James R; Colorado Springs
Elliott, Donald P; Denver

Faraci, Robert P; Denver

Gerrard-Gough, Brodie; Colorado Springs; Falcon
Gilmore, Bruce T; Greeley
Grow, John B Sr; Denver
Guber, Myles S; Denver

Halseth, Wm L; Denver; Parker
Harken, Alden H; Denver; Littleton
Harwood, James T; Denver; Englewood
Hattler, Brack G Jr; Denver
Heiser, John C; Colorado Springs
Henderson, James A; Denver
Hermann, Gilbert; Denver
Hohm, Richard A; Fort Collins
Hopeman, Alan R; Denver
Hutchison, David E; Denver

Kamau, Pius K; Aurora
Kirshenbaum, Gerald; Aurora; Englewood
Kortz, Allan B; Englewood; Denver
Kovarik, Joseph L; Englewood
Kukral, Albert J; Lakewood

Levine, Samuel; Lakewood
Liddle, Edward B Jr; Colorado Springs
Lindeman, George M; Colorado Springs

Mains, Charles W; Lakewood; Golden
Malowney, Robert C; Englewood
Manart, Frank D; Denver
Mangum, William K; Greeley
McGuire, Brian M; Denver; Lakewood
Meza, Felix; Denver
Moore, John B; Lakewood
Mubarak, Asa'ad A; Wheat Ridge; Englewood

Narrod, James A; Denver
Olson, Robert H; Wheat Ridge; Golden

Pappas, George; Denver; Littleton
Parker, Richard K; Denver
Paton, Bruce C; Denver
Peck, Mordant E; Denver
Petersen, Warren A; Grand Junction
Pomerantz, Marvin; Denver; Englewood
Poucel, Jean-Georges; Aurora

Prevedel, Arthur E; Denver
Propp, John G; Denver

Rainer, W Gerald; Denver
Randono, John J; Colorado Springs
Roos, David B; Denver; Littleton
Rosenberger, Alan B; Denver; Lakewood

Sadler, Richard L; Pueblo
Sadler, Theodore R Jr; Denver
Salata, John R; Colorado Springs
Schechter, Philip A; Littleton; Englewood
Schmitt, Edward A; Colorado Springs
Schmitt, Henry J Jr; Colorado Springs
Schorlemmer, Gilbert R; Pueblo
Schwartz, Arthur A; Aspen
Smail, W Carlyle Jr; Denver; Englewood
Smith, Daniel L; Denver; Englewood
Spees, Everett K Jr; Denver

Thompson, Keith E; Greeley

Varnell, Jeffrey L; Aurora; Englewood

Walker, E Lance; Denver; Littleton
Weston, Eugene L; Lakewood; Golden
Wise, James K; Fort Collins
Wolz, John F; Fort Morgan

Yajko, R Douglas; Glenwood Springs
Young, David H; Denver; Englewood

TOXICOLOGY

Aldrich, Franklin D; Boulder

Bowerman, David L; Colorado Springs
Bronstein, Alvin C; Denver
Bryson, Peter D; Golden

Coleman, Donald L; Breckenridge

duRoy, Robert M; Rancho Mirage CA

Kornberg, James P; Boulder

Teitelbaum, Daniel T; Denver

Wood, John M; Englewood; Littleton

TRAUMATIC SURGERY

Brightwell, Nathan L; Colorado Springs
Brown, Courtney W; Lakewood

Cline, Donald W; Salida

Day, John R M; Boulder
Dorr, Eugene A; Wheat Ridge; Littleton

Gilmore, Bruce T; Greeley

MacPhee, William M; Aurora; Denver
Mangum, William K; Greeley
Moore, Ernest E Jr; Denver

Rosenberger, Alan B; Denver; Lakewood

Schwartz, Arthur A; Aspen

Tutt, George O Jr; Fort Collins

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TUMOR SURGERY

Day, John R M; Boulder

Gilmore, Bruce T; Greeley

Jones, Arthur F; Wheat Ridge; Lakewood

Kirshenbaum, Gerald; Aurora; Englewood
Kukral, Albert J; Lakewood

MacPhee, William M; Aurora; Denver
Mangum, William K; Greeley
McColl, Harry A Jr; Colorado Springs
Moore, George E; Denver; Conifer

Nelson, William R; Denver

Petersen, Warren A; Grand Junction

Rosenberger, Alan B; Denver; Lakewood

Thompson, Keith E; Greeley
Tutt, George O Jr; Fort Collins

Varnell, Jeffrey L; Aurora; Englewood

UNSPECIFIED

Cox, H David Jr; Denver; Englewood

Garland, Dave T; Denver; Lakewood

Horsky, Brooke; Denver

Jacobsen, Merl M; Littleton

Rechnitz, Gary D; Fort Collins

Wall, Richard A; Colorado Springs

UROLOGICAL SURGERY

Ashkar, Louis; Aurora
Atkins, Dale M; Denver
Augsburger, Richard R; Wheat Ridge; Lakewood

Beadles, Robert O Jr; Colorado Springs
Boucher, Wesley W; Pueblo
Bruffy, James L; Canon City
Bruns, Thomas; Loveland

Campbell, Oliver P; Colorado Springs
Campbell, William A III; Denver
Carris, Craig K; Colorado Springs
Clark, James E; Boulder
Crissey, Michael M; Colorado Springs

Dean, Carlton M; Wheat Ridge; Golden
DeFalco, Alfred J; Wheat Ridge
Dudzinski, Paul J; Fort Collins

Ezell, William W; Sterling
Ezzard, John A; Englewood

Faricy, Patrick O; Colorado Springs
Fitzgerald, Thomas J; Pueblo

Galansky, Stanley H; Denver
Gerber, Milo P; Pueblo

Gorab, Lawrence N; Colorado Springs
Grossman, Fred; Denver; Englewood

Haley, Patrick D; Denver
Heller, Eugene; Denver
Henderson, Stephen R; Longmont
Higbee, Daniel R; Denver
Hofsess, Donald W; Denver
Holley, Paul S; Wheat Ridge

Johnson, Kent E; Denver; Englewood

Karsh, Lawrence I; Denver
Kaufman, Joel M; Aurora; Littleton
Kiracofe, H Loudon; Durango
Klein, Mark F; Boulder

Lewis, Evan L; Denver

Maloney, John D; Fort Collins
Maniatis, William N; Aurora
Miller, Gerald M; Denver
Mueller, Ferdinand Jr; Denver

Nemeth, Clifford J; Loveland
Ning, Theodore C Jr; Wheat Ridge

Painter, M Ray Jr; Grand Junction
Patterson, Joseph H; Denver; Englewood
Peterson, Norman E; Denver; Aurora

Reimers, Bruce L; Colorado Springs
Rhodes, Edward A; Denver; Englewood
Rosen, Reuven E; Denver
Roy, Charles E; Grand Junction

Safford, H R III; Denver; Englewood
Sankey, Noel E; Englewood
Sargent, Frank T; Englewood; Littleton
Scanavino, David J; Wheat Ridge; Evergreen
Schmidt, Alden T Jr; Denver; Littleton
Schrandt, Donald L; Denver
Schreck, Walter R; Denver
Shallow, James T; Colorado Springs
Shannon, Richard D; Montrose
Sherman, Joseph H; Scottsdale AZ
Simons, Kenneth M; Grand Junction
Standard, Peter J; Fort Collins
Stidham, Paul B; Grand Junction
Stonington, Oliver G; Breckenridge
Sullivan, Patrick J; Greeley

Thayer, Kent H Jr; Colorado Springs

Urwiler, Richard D; Denver

Wanebo, C K; Grand Junction
Watts, Thomas B; Aurora; Denver
Way, Kenneth E; Denver
Whitesel, John A; Denver
Wolach, Bernerd L; Greeley

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Brightwell, Nathan L; Colorado Springs
Butler, Harrison G III; Durango

Carlson, Roy E; Englewood

Day, John R M; Boulder

Hermann, Gilbert; Denver
Hohm, Richard A; Fort Collins

Kelly, Glenn L; Englewood
Kortz, Warren J; Englewood

Olson, Dennis H; Wheat Ridge; Evergreen
Owens, J Cuthbert; Denver; Englewood

Poucel, Jean-Georges; Aurora

Rubinson, Samuel M; Colorado Springs

Sanders, Richard J; Denver; Englewood
Schmitt, Edward A; Colorado Springs
Schmitt, Henry J Jr; Colorado Springs
Schorlemmer, Gilbert R; Pueblo
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Stirman, Jerry A; Glenwood Springs

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Section 6

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The Physician's Directory Alphabetical Index contains a listing of all physician members in alphabetical order. The names are followed by the geographic location of the member's primary practice (which will refer the reader to the listing by city and town in Section 3 of this directory).



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 Adasek, Peter J; Colorado Springs
 Adinoff, Allen D; Denver
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 Aeling, John L; Aurora
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 Aikawa, Jerry K; Denver
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 Anderson, Gilbert I; Greeley
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 Anger, Michael S; Lakewood; Aurora
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 Armstrong, George W III; Denver
 Armstrong, John P; Gunnison
 Arndt, Donald A; Berthoud
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 Arnold, Andrew L; Winter Park; Tabernash
 Arnold, Charles O II; Denver
 Arnold, Jennifer; Englewood
 Arnot, Charles W; Pueblo
 Arthur, James H; Denver
 Artist, E J; Greeley
 Artist, Ricky L; Rifle
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 Aschenbrener, Pamela; Pueblo
 Ashbach, Nancy W; Loveland
 Ashe, S M Prather; Denver
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 Asunsolo, Leopoldo G; Denver
 Atkins, Dale M; Denver
 Atkinson, Kenneth; Littleton; Englewood
 Atkinson, Roy J; Englewood
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 August, Neil; Denver
 Aumiller, Charles L; Boulder
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 Auxier, Gary G; Montrose
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Bachman, David C; Ouray; Ridgway
 Bachman, James J; Frisco
 Bachus, Nelson E; Fort Collins
 Backup, Linda D; Longmont; Lyons
 Baer, Sylvan B; Denver; Englewood
 Bagale, Elia J; Pueblo
 Bagga, Gurbakshish S; Denver
 Bagley, David L; Eaton; Greeley
 Bahlman, Steven H; Wheat Ridge; Golden
 Bailey, Austin G Jr; Fort Collins
 Bailey, William C; Denver; Englewood
 Baines, R Dixie Jr; Denver; Littleton
 Baird, Boake L; Loveland
 Baiton, Domingo; Pueblo
 Bakemeier, Richard F; Denver
 Baker, Bruce B; Englewood
 Baker, Claude D; Denver; Littleton
 Baker, John C; Denver
 Baker, Pete H; Englewood

Baker, Ronald K; Denver; Castle Rock
 Baldwin, Thomas E Jr; Greeley
 Balizet, Louis B; Pueblo
 Balkany, Thomas J; Denver
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 Ballinger, Carter M; Denver
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 Balstad, Paul D; Aurora; Denver
 Bane, James J; Longmont
 Banker, Michael W; Canon City
 Barbato, Lewis; Denver
 Barber, Donn J; Greeley
 Barber, Donn R; Denver; Aurora
 Barber, Edgar W; Denver
 Barber, Frank E; Denver
 Barbero, J Fred; Grand Junction
 Barchiesi, Barbara J; Denver
 Barcz, Dennis V; Wheat Ridge
 Bardin, Billy J; Durango
 Barker, John S; Arvada
 Barkett, V Michael; Salida
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 Barley, Leonard V Jr; Colorado Springs
 Barlow, Michael C; Aurora
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 Barnacle, John C; Westminster; Denver
 Barnard, Michael D; Canon City
 Barnett, Stephen; Aspen
 Barnhart, Eric D; Northglenn; Denver
 Baron, J Gregory; Colorado Springs
 Baronberg, Neiel D; Lakewood; Denver
 Barrick, Steven J; Colorado Springs
 Bartecchi, Carl E; Pueblo
 Bartee, Roy A; Denver
 Bartee, Roy M II; Denver
 Barter, Jeffrey; Littleton; Englewood
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 Bartlett, Max D; Denver
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 Basala, Marylu; Denver
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 Baswell, Bonnie J; Colorado Springs
 Bates, David E; Eaton
 Bates, Thomas R; Colorado Springs
 Battock, Dennis J; Aurora
 Baughman, Jack L; Denver
 Baum, Robert S; Denver
 Baumgardner, Jan F; Boulder
 Baumgartel, Earl D; Loveland
 Baumgartner, Robert B; La Junta
 Baumgartner, Ronald; Boulder
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 Beach, Don E; Delta
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 Bechtel, Joel J; Grand Junction
 Beck, Dennis M; Aurora; Boulder
 Becker, Bruce A; Lakewood; Littleton
 Becker, Paul G; Denver
 Becky, Joseph R; Denver
 Bedard, Charles H; Pueblo
 Bedell, Richard F; Boulder
 Beebe, Kenneth H; Smyrna DE
 Beethe, Raymond C; Burlington

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 Bell, John D; Denver; Englewood
 Bell, Richard A; Colorado Springs
 Bell, Robert F; Denver
 Benchwick, Paul L; Colorado Springs
 Bender, Brice J; Longmont
 Bender, Edward L; Fort Collins
 Benedict, Claudia K; Denver
 Benedict, Daniel B; Denver
 Bengfort, John L; Colorado Springs
 Benner, Miriam C; Denver
 Bennett, Dana R; Pueblo
 Bennett, Robert J Jr; Delta
 Bennett, Willis L; Denver
 Bennion, Ben W; Denver
 Benson, Alan E; Longmont
 Benson, Louise E; Broomfield
 Bentley, William H; Aurora
 Benton, Donald F; Lamar
 Benton, Louis J; Denver
 Bentz, Steven D; Fort Collins
 Benziger, Michael J; Montrose
 Berg, Dal H A; Thornton; Westminster
 Berg, Kevin R; Longmont
 Berg, Mary J; Ordway
 Berg, Robert N; Denver; Englewood
 Berger, Elwin; Denver; Englewood
 Bergland, Bert E; Estes Park
 Beringer, E Duane; Honolulu HI
 Berk, Leonard E; Denver
 Berkbigger, Dale T; Del Norte
 Berkeley, Michael E; Aspen
 Berlin, Barry P; Littleton
 Berman, Edward R; Denver
 Berman, Michael L; Colorado Springs
 Bermingham, Roger P; Fort Collins
 Bernhardt, Richard N; Denver; Littleton
 Berns, Barry R; Windsor; Fort Collins
 Bernstein, Lawrence H; Denver
 Bernstein, Leonard D; Thornton
 Bernstein, Udell L; Denver
 Bernton, J Tashof; Denver
 Berris, Robert F; Denver
 Berry, Jack L; Wray
 Berry, William R; Longmont
 Bershof, Edward; Denver
 Berson, Deane S; Colorado Springs
 Berthrong, Morgan; Colorado Springs
 Bertz, Michael W; Denver
 Berzins, Ina; Denver
 Besch, Nicholas J Jr; Arvada
 Bess, Howard H Jr; Denver; Englewood
 Bess, Robert J; Englewood
 Betson, Raymond J Jr; Denver
 Betzer, Laura K; Wheat Ridge
 Bevan, William A Jr; Vail; Eagle-Vail
 Beyer, Eugene F; Colorado Springs
 Bianco, Peter M; Colorado Springs
 Bier-Laning, Carol M; Aurora
 Bigelow, D Boyd; Denver
 Bigelow, Eugene V; Denver
 Bildstein, Rodger D; Colorado Springs
 Birn, Jeffrey I; Thornton
 Birner, W Frederic; Pueblo
 Birney, Janice L; Littleton; Golden
 Biscardi, Henry M; Denver
 Bishop, David W; Durango
 Bishop, Richard P; Broomfield
 Bissell, John; Denver
 Bjerke, Randal D; Boulder
 Bjork, Floyd J; Golden
 Black, Elizabeth; Colorado Springs; Parker

Black, William C Jr; Denver
 Black, William L; Canon City
 Blackard, Carol J; Aurora
 Blair, Emil; Denver
 Blair, James R; Denver
 Blake, Clyde D; Colorado Springs
 Blakely, Charles A; Grand Junction
 Blakeman, Gordon J; Denver
 Blanchard, Thomas J; Commerce City; Northglenn
 Blanchet, William L; Boulder
 Blaney, Loren F; Denver
 Blattner, Mary Austin; Greeley
 Blattner, Robert Elliott; Greeley
 Blattspieler, S F; Colorado Springs
 Blayney, Robert L; Littleton; Denver
 Bliss, Robert J Sr; Fort Collins
 Blixt, James K; Security
 Blocker, Sterling H; Colorado Springs
 Blonder, Ronald D; Colorado Springs
 Bloor, Robert J; Pueblo West
 Bock, George W; Craig
 Bock, S Allan; Boulder
 Bodman, Stephen F; Colorado Springs
 Bodnar, Judith K; Aurora
 Boehlke, Russell R; Fort Collins
 Boelter, William C II; Greeley
 Bogin, Robert M; Denver; Evergreen
 Bogner, Phillip J; Del Norte
 Bohlender, Timothy D; Denver; Westminster
 Bol, Morris; Denver
 Bolles, Frank P; Boulder
 Bolles, Gene E; Boulder
 Bolton, Barbara; Denver
 Bond, Marcus B; Golden
 Bondi, Raymond G; Denver
 Bonnet, Carol G; Grand Junction
 Bonney, Charles S; Pueblo
 Bookman, Lawrence B; Steamboat Springs
 Booren, Jack C; Denver
 Booth, Richard R; Fort Collins
 Borgstede, James P; Colorado Springs
 Borkert, Daniel T; Lakewood; Denver
 Bortz, Alan I; Littleton; Denver
 Bosley, Rex C; Boulder
 Boslough, James G; Denver
 Bost, Thomas W; Denver
 Bostrom, Paul D; Dolores; Cortez
 Boswick, John A Jr; Denver; Englewood
 Bosworth, Robert G Jr; Denver
 Botha, Eleanor; Englewood
 Boucher, Wesley W; Pueblo
 Boulder, Joel C; Littleton; Denver
 Bour, Wilson C III; Lakewood
 Bourne, Eugene E; Denver; Englewood
 Bowen, G Scott; Steamboat Springs
 Bowerman, David L; Colorado Springs
 Bowers, Abern E; Denver
 Bowers, Steven P; Boulder
 Bowles, Charles R; Boulder
 Bowles, Roger E; Littleton
 Bowling, F Lee; Englewood
 Bowman, William J; Littleton; Denver
 Boyd, J David; Boulder
 Boyd, John A K; Durango
 Boyle, Kevin J; Berthoud; Loveland
 Bozeman, Mark F; Denver
 Bradley, Robert A; Englewood
 Bradley, Robert C; Windsor
 Brady, E James; Colorado Springs
 Brady, Kevin D; Denver
 Brake, Janneutte; Brighton; Aurora
 Bramer, Clifford F; Pueblo

Bramley, Howard F; Englewood
 Bramschreiber, Jerome L; Colorado Springs
 Branan, Richard C; Englewood
 Brandt, David; Boulder
 Brantigan, Charles O; Denver
 Brantner, Richard D; Aurora
 Braslow, Jonathan S; Lakewood
 Brassfield, T Scott; Colorado Springs
 Braude, Walter; Denver
 Bravo, Jaime F; Denver
 Brechner, Ross J; Evergreen
 Breeze, Robert E; Denver
 Brelje, Mabel C; Lakewood
 Bremers, Harold H; Denver; Englewood
 Bremers, Jean M; Denver; Englewood
 Brenman, Steven A; Wheat Ridge
 Brennan, Michael W; Denver
 Brennenman, Janice K; Englewood; Denver
 Brethouwer, N Robert; Montrose
 Bricker, John W; Denver
 Briggs, Gordon W; Denver
 Brigham, Dwight P B; Greeley
 Brightwell, Nathan L; Colorado Springs
 Briney, Walter G; Denver
 Bristow, John W; Colorado Springs
 Brittain, Philip C; Akron
 Brittain, Robert S; Englewood; Littleton
 Britton, James A; Longmont
 Britton, Kent R; Cortez
 Brockway, Roger W; Longmont
 Brodie, Harry; Littleton
 Brodie, Steven K; Denver
 Bronstein, Alvin C; Denver
 Brookens, Bruce R; Denver; Englewood
 Brooks, Laurence W; Vail; Edwards
 Broughton, Joseph O Jr; Denver
 Brown, Charles W; Denver; Englewood
 Brown, Courtney W; Lakewood
 Brown, Frederick B; Colorado Springs
 Brown, Gerald D; Littleton
 Brown, Jeffrey M; Colorado Springs
 Brown, John T; Lakewood
 Brown, Michael L; Denver
 Brown, Patricia S; Littleton; Denver
 Brown, Robert K; Denver
 Brown, Samuel H; Colorado Springs
 Brown, Woodrow E; Hotchkiss
 Brubaker, James N; Denver
 Brubaker, William H; Boulder
 Bruck, Edward F; Lakewood; Golden
 Brudenell, Mary Dina; Boulder
 Bruffy, James L; Canon City
 Brugioni, Daniel J; Aurora
 Brumfield, Robert A; Colorado Springs
 Brundige, Ralph E; Lakewood; Denver
 Brundige, Richard L; Lakewood
 Brunko, Michael W; Denver
 Bruns, Thomas; Loveland
 Brusenhan, J Richard; Colorado Springs
 Bryson, Richard Wm D; Lakewood
 Bryans, William A; Wheat Ridge; Denver
 Bryson, Peter D; Golden
 Bub, Joan B; Denver; Englewood
 Bublitz, Deborah K; Littleton
 Buchanan, Daniel H Jr; Denver
 Buchanan, Kay M; Colorado Springs
 Buchanan, Robert D; Wray
 Buchanan, William S; Sterling
 Buchwald, Fred; Evergreen
 Buck, George R; Denver
 Buck, Peter G; Boulder
 Buckley, Jerome M; Aurora; Denver

Buckley, John E; Denver
 Budge, John C; Longmont
 Buesing, Russell; Denver
 Buglewicz, John V; Florence
 Bull, Heman R; Grand Junction
 Bull, Malcolm I; Grand Junction
 Bumgarner, Frank E Jr; Denver
 Bunch, Littleton J; Alamosa
 Burcar, Patricia J; Westminster
 Burch, William D; Greeley
 Burcham, James R; Aurora
 Burdick, Duncan C; Colorado Springs
 Burgert, Paul H; Glenwood Springs
 Burgess, Alan W; Denver; Englewood
 Burke, James M; Aspen; Snowmass Village
 Burket, Charles R; Greeley
 Burmeister, Glen E; Englewood; Castle Rock
 Burnbaum, Mitchell D; Grand Junction
 Burnham, Linda A; Fort Collins
 Burningham, Mark D; Denver
 Burns, Dorr H; Grand Junction
 Burrow, Claude H; Boulder
 Burrow, Maida L; Grand Junction
 Burton, Richard M; Colorado Springs
 Burton, William V; Boulder
 Bury, Richard R; Denver; Aurora
 Bush, James F; Fort Collins
 Bush, Jerry O; Grand Junction
 Bush, Roger A; Denver; Evergreen
 Bushanam, Satya V; Loveland
 Bushnell, Walter J; Denver; Littleton
 Buslee, Roger M; Durango
 Bussey, Randy M; Greeley
 Butler, Gordon B; Kerrville TX
 Butler, Harrison G III; Durango
 Butler, Larry J; Colorado Springs
 Butterfield, D G; Denver
 Butterfield, Duane E; Englewood
 Butterfield, L Joseph; Denver
 Byers, Richard H Jr; Monte Vista

C

Cabanilla, B Rodrigo; Littleton
 Cabiling, L C Jr; Pueblo
 Cadigan, Robert A Jr; Colorado Springs
 Cadora, Donald F; Boulder
 Cain, Leonard W; Cortez; Dolores
 Callaghan, Edward E; Denver
 Callaghan, Rachel J; Steamboat Springs
 Callaway, Sam E; Durango
 Callen, Wayne L; Leadville
 Calonge, Guy D; La Junta
 Caltrider, Nieca D; Colorado Springs
 Cameron, Marvin N; Aurora; Denver
 Cameron, Mercedes E; Grand Junction
 Campbell, Bernard E; Lakewood; Denver
 Campbell, David N; Denver; Littleton
 Campbell, Dorothy C; Lakewood
 Campbell, Frank C; Denver; Englewood
 Campbell, Oliver P; Colorado Springs
 Campbell, Thomas P; Wheat Ridge; Denver
 Campbell, Velma L; Pueblo
 Campbell, W MacRae; Pueblo
 Campbell, William A III; Denver
 Canaday, Peter G; Denver
 Canfield, Thomas M; Montrose
 Canham, Douglas E; Aurora
 Canham, Edward M; Aurora
 Cannavo, Laura A; Denver
 Cantor, Avrim; Colorado Springs

Cantu, Cesar R; Denver
 Cantwell, Hendrika B; Denver; Golden
 Capek, Richard B Jr; Englewood; Denver
 Capek, Richard B Sr; Pueblo
 Capin, Leslie R; Aurora
 Capoot, Gerald D Jr; Denver; Golden
 Cardos, Stephen F; Brighton
 Carey, Michael V; Windsor
 Carey, Thomas A; Denver
 Carle, Terry V; Englewood
 Carlin, Allan W; Wheat Ridge
 Carlson, H Blair; Denver
 Carlson, Hillis G; Fort Collins
 Carlson, Robert G; Denver
 Carlson, Roy E; Englewood
 Carlton, Robert E; Colorado Springs
 Carnes, Marion M; Durango
 Carpenter, Craig M; Denver
 Carpenter, David E; Wheat Ridge; Arvada
 Carpenter, Joseph D; Lakewood
 Carpenter, Julie; Boulder
 Carr, Alfred N; Longmont
 Carr, H Patrick; Aurora
 Carrillo, Alfred B; Louisville
 Carris, Craig K; Colorado Springs
 Carris, James V; Colorado Springs
 Carroll, Charles A; Fort Collins
 Carsey, Eben D Jr; Boulder
 Carson, Bonita S; Denver
 Carson, John D; Longmont
 Carson, Richard; Littleton; Englewood
 Carson, Stanley D; Denver
 Carter, Clinton K; Westminster; Brighton
 Carter, Donald R; Englewood; Denver
 Carter, John E; Boulder
 Cartier, John W; Durango
 Carver, Eleanor S; Englewood
 Carver, Robert K; Englewood; Aurora
 Cary, Margaret A; Denver
 Cash, Robert L; Greeley
 Caskey, Jack B Jr; Aspen
 Caskey, Jennifer H; Denver
 Casper, Edmund; Denver
 Castellano, Stephen A; Denver
 Caster, David U; Colorado Springs
 Castillo, Carolyn M; Aurora
 Castle, Everett R; Durango; Tucson AZ
 Cate, James R; Englewood; Littleton
 Cattell, Richard B; Denver; Golden
 Cavanaugh, Kenneth J; Longmont
 Cavanaugh, Patrick R; Longmont
 Cease, James I; Northglenn; Denver
 Cedarblade, Vincent G; Las Vegas NV
 Cedars, Chester M; Denver; Englewood
 Cedars, Leonard A; Littleton; Englewood
 Cerasoli, James R; Denver; Littleton
 Ceriani, Philip D; Longmont
 Cerrone, Donald A; Wheat Ridge
 Cersonsky, H Sol; Denver
 Chaffee, Charles B; Wheat Ridge; Denver
 Chalus, Dennis M; Denver; Englewood
 Chamberlain, Thomas J; Montrose
 Chan, Anthony W; Westminster
 Chandler, Earl L; Wheat Ridge
 Chang, Franklin M; Denver; Littleton
 Chao, Calvin; Aurora
 Chapman, Dane M; Denver; Littleton
 Chapman, Robert G; Denver
 Char, David C; Thornton; Denver
 Charles, David M; Denver
 Chase, Jerry A; Loveland
 Chatfield, John N Jr; Colorado Springs

Chesley, Charles C; Greeley
 Chesnut, Myrlen E; Holyoke
 Chiavetta, Thomas G; Fort Collins
 Childers, Marvin A III; Loveland
 Childers, Stanley G; Pueblo
 Childs, Samuel B; Englewood
 Chimento, James J; Pueblo
 Chinburg, Ken G; Englewood; Littleton
 Chipman, Leon D; Vail; Avon
 Chisholm, John W; Denver
 Chisholm, R Neil; Denver
 Chittum, Mark E; Colorado Springs
 Choi, Susanna S; Lakewood
 Chow, Franklin S; Vail; Eagle-Vail
 Christensen, Carole; Boulder
 Christensen, Robert W Jr; Canon City
 Christiansen, Elinor T; Englewood
 Christiansen, John M; Colorado Springs
 Christie, George C; Canon City
 Christon, Margaret A; Fort Collins
 Christopher, Kent L; Denver
 Ciccone, William J; Colorado Springs
 Cichon, J Valentine; Pueblo
 Cilo, Mark P; Englewood
 Claassen, Duane A; Lakewood; Denver
 Clapp, Harry W; Ordway
 Clark, Curtis C; Sterling
 Clark, D J; Sun City CA
 Clark, Darrel C; Grand Junction
 Clark, Darrel Christian; Grand Junction
 Clark, David G; Englewood
 Clark, Donald M; Denver
 Clark, Douglas P; Colorado Springs; Monument
 Clark, Dumont F; Pueblo
 Clark, James E; Boulder
 Clark, Lee W; Denver
 Clark, Phyllis V; Colorado Springs
 Clark, Ronald D; Greeley
 Clark, Scott D; Longmont
 Clarke, Benjamin K; Denver
 Clarke, David R; Denver
 Clarke, J Philip; Denver; Englewood
 Clarke, Theodore J; Denver
 Clayton, Mack L; Denver
 Clayton, William D; Colorado Springs
 Clemens, Orrie G; Loveland
 Cletcher, John O Jr; Longmont
 Cleveland, Henry C; Denver
 Clifford, Dennis P; Wheat Ridge; Golden
 Clifford, John H; Denver; Englewood
 Clifford, Nathan J; Greeley
 Clifford, Robert K; Glenwood Springs
 Clifton, Guy D; Denver
 Cline, Donald W; Salida
 Cline, Foster W Jr; Evergreen
 Cloyd, David G; Fort Collins
 Clutter, Joseph S; Pueblo
 Cochran, John H Jr; Denver
 Cochran, Thomas S Jr; Fort Collins
 Cochrane, David R; Denver; Englewood
 Codd, Richard L; Fort Collins
 Coffman, Delmar L; Wheat Ridge
 Cohen, Edmond F; Scottsdale AZ
 Cohen, Elliot S; Colorado Springs
 Cohen, Harvey M; Denver; Englewood
 Cohen, Milton I; Colorado Springs
 Cohen, R Robert; Aurora
 Cohen, Richard S; Lakewood; Denver
 Cohen, Shep; Denver
 Colberg, Craig S; Longmont
 Cole, Brian; Colorado Springs
 Cole, Larry W; Colorado Springs

Cole-Dlugos

Cole, Nicholas G; Montrose
 Cole, Norman G Jr; Colorado Springs
 Cole, Norman J; Larkspur
 Coleman, Donald L; Breckenridge
 Coleman, Thomas H; Denver
 Collier, Mary M; Whiteville NC
 Collins, Dale W; Denver; Lakewood
 Collins, Jerome S; Loveland
 Collins, John A; Fort Morgan
 Collins, Michael A; Boulder
 Collins, Thomas J; La Porte; Fort Collins
 Colton, Albert H; Longmont; Boulder
 Comer, Carolyn R; Aurora; Denver
 Comer, Hugh T; Delta
 Compton, James F; Fort Collins
 Conde, Richard L; Colorado Springs
 Condon, William B; Denver
 Cone, Ross B; Denver
 Conlon, Robert M; Fort Collins
 Conner, Donald J; Englewood
 Conner, Wayne L; Denver; Lakewood
 Conrad, Lily C A; Idaho Springs
 Conrad, William C; Boulder
 Contiguglia, S Robert; Denver
 Conyers, David J; Denver
 Coogan, Mary A; Denver
 Cook, Donald E; Greeley
 Cook, Julius E; Colorado Springs
 Cook, Philip S; Denver
 Cook, Roger P; Fort Collins
 Cook, Shelby S; Denver
 Cook, William R; Denver
 Coonan, John E; Wheat Ridge; Golden
 Cooper, Bruce D; Evergreen
 Cooper, Daniel R; Cherry Hills
 Cooper, Jack; Colorado Springs
 Cooper, John A; Denver
 Cooper, John D; Greeley
 Cooper, Theodore A; Denver
 Copeland, Lynn R; Durango
 Copeland, M Larry; Grand Junction
 Coppinger, William R; Virginia Beach VA
 Coringrato, Mario A; Lakewood
 Corliss, Scott A; Greeley
 Corona, Joseph A; Greeley
 Corren, Howard L; Aurora
 Cosby, Michael P; Denver
 Cosh, Glenn M; Lakewood
 Cotton, Ralph L; Wheat Ridge; Denver
 Coulehan, Lawrence T; Denver
 Coulter, Robert L Jr; Wheat Ridge
 Coulter, Vicki L; Golden
 Courtright, Anne C; Pueblo
 Courtright, Claiborne L; Pueblo
 Cowen, D Eugene; Englewood
 Cowen, Homer C; Denver
 Cowgill, Joseph S; Boulder
 Cox, H David Jr; Denver; Englewood
 Cox, Robert L; Denver; Highlands Ranch
 Cox, W William A; Denver
 Cox, William F Jr; Wheat Ridge; Golden
 Coyer, David D; Denver; Aurora
 Craddock, Lane D; Denver
 Craigmile, Thomas K; Denver
 Cram, Jon J; Littleton
 Cramer, Lester M; Colorado Springs
 Crane, Hal S; Denver
 Cranor, John D; Fort Collins
 Craven, Edward B; Boulder
 Crawford, Gayle P; Arvada; Littleton
 Crawford, James W; Pueblo
 Crawford, Lewis A; Colorado Springs

Creer, Stephen M; Englewood; Littleton
 Cregger, Irby E; Denver
 Cresswell, George F; Colorado Springs
 Crews, Jerry R; Greeley
 Crissey, Michael M; Colorado Springs
 Crockett, Emily B; Lakewood
 Cromer, Roy; Golden
 Cronin, John C; Fort Collins
 Crosby, James A; Denver
 Crosson, David L; Pueblo
 Crouch, Dee B; Boulder
 Crouch, W B; Colorado Springs
 Crowe, Daniel J; Colorado Springs
 Crue, Benjamin L Jr; Durango
 Crumbaker, Victor A; Grand Junction
 Cullen, John P; Greeley
 Cullen, Michael L; Pueblo
 Cullen, Richard C; Aurora
 Cullum, Lawrence M; Durango
 Culp, Raymond M; Alamosa; Del Norte
 Cundy, Richard L; Denver
 Cunningham, Leon D; Colorado Springs
 Cunningham, R Ray; Jackson WY
 Cupps, Jerry L; Commerce City
 Curfman, George H Jr; Denver
 Curiel, Michael P; Fort Collins
 Curran, Thomas E; Aurora
 Currier, Laurence M; Littleton
 Curry, Marcia F; Denver
 Curry, Vernell W; Pueblo
 Curtis, Kenneth W Jr; Fort Collins
 Curtis, William S; Boulder
 Cusick, James M; Denver
 Cutrell, Louis M Jr; Wheat Ridge; Arvada
 Cutshall, Richard C; Greeley
 Cutts, William B; Greeley

D

D'Arcy, Genet; Boulder
 Daarud, R Scott; Boulder; Louisville
 Daarud, Richard C; Boulder
 Dafoe, Charles A; Denver
 Dahl, Alvin E; Littleton
 Dahl, Carl R; Wheat Ridge; Golden
 Dahl, John H; Lakewood; Denver
 Dahlberg, William W; Denver
 Dallow, Kurt T; Eaton
 Daneshbod-Skibba, Ghodsi; Arvada
 Danforth, James C; Loveland
 Daniel, William E; Denver; Englewood
 Daniels, Bernard T; Greeley
 Dank, Gerald M; Boulder
 Danner, Paul K; Denver; Littleton
 Dardis, Walter T; Pueblo
 Darling, Bradford L; Englewood; Littleton
 Darrah, Thomas J; Longmont
 Dart, Merrill O; Loma Linda CA
 Daven, Joel R; Pueblo
 David, Wilfrido L; Pueblo
 Davidson, A Marie; Durango
 Davidson, Allan B; Colorado Springs
 Davidson, James E; Fort Collins
 Davis, Charles A; Wheat Ridge
 Davis, Dan M; Denver
 Davis, Herbert A; Colorado Springs
 Davis, I Stephen; Lakewood; Denver
 Davis, John A; Denver
 Davis, John K III; Denver
 Davis, Richard L; La Junta
 Davis, Roger W; Colorado Springs

Davis, Windon H; Greeley
 Dawson, Donald L; Colorado Springs
 Dawson, Dwight C; Colorado Springs
 Day, C Michael; Norwood
 Day, James H Jr; Colorado Springs
 Day, John R M; Boulder
 Day, L Dorine; Denver
 Deal, Terry D; Colorado Springs; Monument
 DeAlva, William E G; Denver
 Dean, Carlton M; Wheat Ridge; Golden
 Dean, Val C; Englewood
 Deaver, David C III; Durango
 DeBiose, David A; Denver
 DeByle, David S; Denver
 deCampo, Rosina E; Denver; Littleton
 deCampo, Teruel; Denver; Littleton
 Decker, John T; Fort Collins
 DeFalco, Alfred J; Wheat Ridge
 Degener, David F; Grand Junction
 Delaney, James J Jr; Aurora; Denver
 Delaney, Jane; Colorado Springs
 Delauro, John E; Aurora; Denver
 Demarco, Frank J Jr; Wheat Ridge
 Demong, Charles V; Denver
 Demos, George T; Aurora
 Dempsey, Edward C; Denver
 Demshki, Andrew E Jr; Pueblo
 Denegri, Alberto; Fort Lupton; Denver
 Dengler, Denette J; Denver
 Dennington, Michael L; Aurora; Denver
 Dennis, Douglas A; Denver; Golden
 Denst, John; Denver
 Derk, Thomas; Greeley
 Derkash, Robert S; Glenwood Springs
 Dernovsek, Kenneth D; Pueblo
 Dernovsek, Kim K; Pueblo
 Deroos, James J; Denver
 Derry, Donald G; Colorado Springs
 DeSimone, Donna M; Wheat Ridge
 Deterding, Karl T; Durango
 Detwiler, Floy E; Greeley; Windsor
 Deverell, William F; Colorado Springs
 Dewell, Larry M; Colorado Springs
 DeYoung, M T; Fort Collins; Livermore
 DeYoung, Roland W; Glenwood Springs
 DiAsio, Richard A; Colorado Springs
 DiBella, Nicholas J; Aurora; Parker
 Dick, Milton L; Greeley
 Dickey, Gary D; Denver; Littleton
 Dickey, William C; Denver; Morrison
 Dickinson, Theodore C; Montrose
 Dickman, Paul A; Denver
 Dickmann, Joel A; Estes Park
 Dickson, Ann T; Denver
 Dickson, Robert P; Pueblo
 Dieringer, Thomas M; Fort Collins
 Dietel, David H; Grand Junction
 Diffie, Joe T; Colorado Springs; Woodland Park
 Dillon, Jack T; Colorado Springs
 Dillon, Robert F; Colorado Springs
 Dillon, T James; Denver
 Dilonzo, Pasquale A; Wheat Ridge; Arvada
 Dilts, Stephen L; Denver; Lakewood
 Dimaria, Vincent A; Littleton
 DiNapoli, Jim; Colorado Springs; Woodland Park
 Dinerman, Norman; Denver
 Dingle, Robert W; Pueblo
 Dirks, David W; Grand Junction
 Dishler, Jon G; Englewood
 Dix, Corinne R; Denver
 Dixon, Robert J; Denver; Fort Collins
 Dlugos, Thomas P; Colorado Springs

Dobbs, Aubrey R; Denver
 Dobos, Emeric I; Denver
 Doig, David J; Lakewood
 Doig, William L; Lakewood
 Domaleski, Robert P; Wheat Ridge
 Domurat, Michael F; Denver; Morrison
 Donahue, Lawrence P; Colorado Springs
 Donaldson, David H; Lakewood; Wheat Ridge
 Doner, H Calvin; Littleton
 Doneskey, Paul W; Cortez
 Donnelley, Beverly E; Fort Collins
 Donnelly, John H; Boulder
 Donovan, Edward J; Denver
 Doohar, Gerald R; Vail
 Dorr, Eugene A; Wheat Ridge; Littleton
 Doster, Mildred E; Denver
 Doucette, John W; Denver
 Dougan, Robert P; Colorado Springs
 Dougherty, Marilyn A; Boulder
 Douglas, Kenneth R; Wheat Ridge; Arvada
 Dovgan, Samo J; Cortez
 Dowding, Charles H Jr; Aurora
 Dowis, Gaylord M; Sterling
 Downing, Terry A; Denver
 Downs, David A; Denver
 Doxsee, George C; Greeley
 Doyle, Herman E; Denver
 Drabing, John H; Colorado Springs
 Dracon, Dan; Lakewood
 Dragoo, Robert A; Wheat Ridge; Aurora
 Dragul, Paul H; Denver; Englewood
 Drake, Frank R Sr; Denver
 Drake, Robert L; Pueblo
 Drake, Thomas R; Denver
 Dreher, William H; Grand Junction
 Dreisbach, James N; Englewood
 Dreyfuss, Bruce J; Denver
 Driver, Thomas F; Lakewood
 Drohan, Paul S; Lakewood
 Drury, Lawrence R; Denver; Evergreen
 Dubach, Kenneth F; Boulder
 Dubelman, Alan D; Thornton; Denver
 Dubin, Frank I; Denver
 DuBois, David D; Colorado Springs
 Dudley, James R; Steamboat Springs
 Dudzinski, Paul J; Fort Collins
 Duerksen, Edward C; Englewood; Denver
 Duffey, Daniel J; Grand Junction
 Duhon, Samuel C Sr; Fort Collins; Boulder
 Duke, William F; Grand Junction
 Duman, Louis J; Denver
 Duman, Sidney; Denver
 Dumler, Larry J; Boulder
 Dumm, James B; Denver
 Dunaway, Marvin R; Boulder
 Duncan, Diane; Lubbock TX
 Duncan, Lester S Jr; Grand Junction
 Dunkin, Don E; Thornton; Brighton
 Dunlop, Gentry R Jr; Denver
 Dunn, James M; Littleton
 Dunn, James R; Grand Junction
 Dunn, Thomas R; Greeley
 Dupper, Harold H; Fort Collins
 Durand, Charles G III; Greeley
 Durand, Linda L S; Greeley
 duRoy, Robert M; Rancho Mirage CA
 Duster, Mark C; Colorado Springs
 Duvall, John A; Denver
 Dye, Charley W; Colorado Springs
 Dysart, Richard A; Delta

E

Eakins, Roger F; Denver
 Earley, William C; Denver; Parker
 Eastman, Joseph R; Denver
 Eastman, Robert L; Denver
 Eaton, Wyley E; Arvada
 Eccles, Ralph P; Denver; Golden
 Echternacht, Fred J; Aurora
 Eck, Frederick J Jr; Vail
 Eckhoff, Donald G; Denver
 Eckhout, Gifford V; Denver
 Ecklund, Steve R; Denver
 Eddy, Richard L; Boulder
 Edgerton, J Craig; Durango
 Edgerton, James R; Colorado Springs
 Edmundson, Arlo R; Morrison
 Edwards, James E; Colorado Springs
 Edwards, John A; Denver; Englewood
 Edwards, John E; Denver
 Edwards, Robert A; Loveland
 Edwards, Stanley O; Greeley
 Eframo, Frederick W; Aurora; Englewood
 Ehlers, Gordon H; Denver; Englewood
 Ehrichs, Edward L Jr; Aurora
 Ehrlich, Alan J; Denver; Boulder
 Eickhoff, Theodore C; Denver; Littleton
 Eidsvoog, Carol A; Aurora
 Eifert, Earl D; Pueblo
 Eilert, Robert E; Denver; Littleton
 Eisele, C Wesley; Englewood
 Eiseman, Ben; Denver; Englewood
 Eisenbaum, Allan M; Aurora
 Eisenbaum, Sidney L; Aurora; Englewood
 Eisenbud, Eric A; Denver
 Eller, Jimmie L; Denver; Aurora
 Elles, Mark E; Denver; Aurora
 Elias, Andrew R; Colorado Springs
 Elliff, John E; Sterling
 Elliott, Donald P; Denver
 Elliott, Jeffrey L; Denver
 Elliott, Max A; Fort Collins
 Elliott, Robert J; Grand Junction
 Ellis, James H Jr; Denver; Englewood
 Ellis, John J; Denver
 Ellis, Richard E; Denver; Englewood
 Ellis, Robert H; Fort Collins
 Ellis, Ronald D; Denver
 Ellison, Patricia H; Denver
 Ellsworth, Rita A; Lamar
 Elo, Denis R; Loveland
 Elsey, Edward C Jr; Lakewood
 Elwonger, David M; Colorado Springs
 Ely, Janet L; Colorado Springs
 Elzi, Ernest P; Denver
 Elzi, Richard L; Denver; Golden
 Emeis, William E; Colorado Springs
 Emmanuel, Samuel; Englewood
 Emmons, Lawrence L; Denver
 Emrie, Philip A; Denver
 Engel, Stephen; Denver
 Engel, Tibor; Denver
 England, Jack D; Aurora; Sedalia
 Englert, Thomas L; Loveland
 English, Gerald M; Englewood; Denver
 Englund, Garth W; Fort Collins
 Erben, Ivo; Denver; Arvada
 Erling, William F; Boulder
 Erickson, Larry R; Lakewood
 Ernster, Joel A; Colorado Springs
 Ervin, Don L; Denver; Evergreen

Espey, William M; Denver
 Essig, Julia A; Broomfield
 Eubanks, Stephen W; Denver
 Eule, John Jr; Denver
 Evans, Clayton A; Boulder
 Evans, Richard O; Colorado Springs
 Evans, William Thomas; Denver; Littleton
 Evenson, E Harold; Wheat Ridge; Golden
 Evenson, Jeffery M; Aurora
 Everett, Ralph E; Colorado Springs
 Everhart, Floyd R; Aurora
 Ewing, Peter C; Boulder
 Ewing, Wyman F; Pueblo
 Ezell, William W; Sterling
 Ezzard, John A; Englewood

F

Fabec, Sally L; Trinidad
 Fagan, Michael C; Aurora
 Falbo, Anthony; Aurora
 Falliers, Constantine J; Denver; Englewood
 Fangman, Michael P; Fort Collins
 Farabaugh, Leonard J; Pueblo
 Faraci, Robert P; Denver
 Faricy, Patrick O; Colorado Springs
 Farinholt, Jon W; Aurora; Englewood
 Faris, Tanous D; Denver; Golden
 Farrin, John C; Golden
 Farrington, John F; Boulder
 Faseehuddin, Mohammed; Denver
 Faul, John C; Denver
 Fawcett, Newton W; Colorado Springs
 Fawcett, Ronald A; Grand Junction; Fruita
 Fawell, Thomas W; Highlands Ranch
 Feeney, Jonathan C; Vail; Eagle-Vail
 Feiler, Frederic C; Colorado Springs
 Feinsinger, Greg; Glenwood Springs
 Feiten, Daniel J; Englewood; Denver
 Feldman, Laura L; Colorado Springs
 Fell, William F Jr; Aurora
 Fellers, Neal H; Greeley
 Fellhauer, Daniel R; Colorado Springs
 Fenoglio, Michael; Denver
 Ferguson, C Glen; Pueblo
 Ferguson, Joe R III; Greeley
 Ferguson, Stuart R; Denver
 Ferlic, Donald C; Denver
 Ferrell, John T; Denver; Westminster
 Ferris, William D; Boulder
 Ferriss, David M Jr; Denver
 Fickel, Helen F; Berthoud
 Fieger, Henry G Jr; Denver
 Fieman, Richard A; Aurora
 Fieman, Robert J; Denver
 Fieman, Sidney H; Denver
 Fineman, Bruce G; Denver
 Fink, Anthony G; Greeley
 Fink, Donald W; Denver; Englewood
 Fink, Kyle M; Denver
 Finkel, Richard S; Denver; Golden
 Firestone, Marvin H; Boulder
 Firth, Michael G; Alamosa
 Fischer, Javier A; Denver
 Fischer, John A; Northglenn; Thornton
 Fisher, David P; Grand Junction
 Fisher, H Calvin; Colorado Springs
 Fisher, Richard C; Denver; Aurora
 Fishman, Paul J; Denver
 Fitzgerald, David T; Longmont
 Fitzgerald, Edward M; Colorado Springs

Fitzmaurice, Kevin J; Denver
 Fixott, Richard S; Colorado Springs
 Flanigan, Richard J; Denver
 Flax, Leo J; Denver
 Flaxer, Carl; Denver
 Fleagle, John T; Boulder
 Fleischaker, Gordon H Jr; Wheat Ridge; Lakewood
 Fleming, John A; Lakewood
 Fleming, Thomas C; Cortez
 Fletcher, Christopher S; Littleton
 Fletcher, Gary H; Englewood
 Fliegelman, Martin J; Denver; Englewood
 Flora, Mark S; Frisco; Dillon
 Flower, Thomas J; Greeley
 Foe, Elaine V; Greeley
 Foe, Richard B; Greeley
 Foerster, Robert J; Colorado Springs
 Foley, Thomas H; Denver; Englewood
 Fonken, H A; Fort Collins
 Ford, Jack; Colorado Springs
 Ford, John J III; Westminster
 Forman, Ernest E; Denver; Lakewood
 Forstot, S Lance; Littleton; Denver
 Foster, Robert J; Colorado Springs
 Foster, Sydney; Englewood
 Foulk, Arnold R Jr; Greeley
 Foust, G T Jim Sr; Denver
 Foust, Glenn T III; Denver
 Fouts, Terry L; Pueblo
 Fowler, Freeman D; Riverton WY
 Fowler, James B; Pueblo
 Fox, John E; Penrose
 Fox, Robert H; Grand Junction
 Fralick, E Howard; Denver
 France, David W Jr; Walden
 Frangos, Pete G; Denver
 Frank, Lorenz S; Littleton
 Frank, Mark N; Denver; Boulder
 Frank, Michael S B; Denver
 Frankenburger, Louise B; Denver
 Franklin, D A; Broomfield
 Franklin, David C S; Denver
 Frantz, Rae Ann; Boulder; Louisville
 Franz, Elmer M; Englewood
 Freda, Paul D; Colorado Springs
 Fredericks, Charles E; Colorado Springs
 Freed, Charles G; Denver
 Freed, Charles R; Denver
 Freed, John H; Denver
 Freedman, Marshall A; Denver
 Freedman, Philip E; Vail
 Freedman, Walter L; Denver
 Freedman, William W; Colorado Springs
 Freeman, Ann E; Boulder
 Freeman, Jerry A; Littleton
 Freeman, John R; Aspen
 Freeman, Joseph W; Springhill FL
 Freeman, Leonard; Denver
 Freistadt, Hans; Oroville CA
 Freudenburg, James C; Longmont
 Freund, B William; La Junta
 Frey, Charles T; Cedaredge
 Frey, Henry; Denver
 Frickman, Carl E; Loveland
 Fried, Herbert I; Denver; Littleton
 Friedland, Joseph D; San Diego CA
 Friedman, H Harold; Denver
 Friedman, Jacob; Denver
 Friedman, Joseph B; Thornton; Boulder
 Friedman, Verner; Denver
 Frierhood, Tom G; Lakewood

Fries, Stephen M; Boulder
 Fritz, Thomas J; Grand Junction
 Frost, Anthony; Englewood
 Frost, Harold M Jr; Pueblo
 Fry, Thomas G; Wheat Ridge; Golden
 Frye, Jearl F; Cortez; Delores
 Fajaros, Andrew J Jr; Denver
 Fujisaki, Charles K; Denver
 Fujisaki, Craig K; Denver
 Fuller, William E; Denver
 Fulton, Richard E; Grand Junction
 Furlong, N Kenneth; Denver; Arvada
 Furman, Joseph; Golden; Lakewood
 Furry, Dean L; Durango
 Fury, Dianna L; Denver
 Furze, James M; Durango

G

Gabelman, Omer P; Grand Junction; Cape Coral FL
 Gabow, Patricia A; Denver
 Gaede, Gary L; Aurora
 Gage, R Wayne; Colorado Springs
 Gaide, Thomas K; Pueblo
 Galansky, Stanley H; Denver
 Gale, Scott A; Boulder
 Gale, Scott A Jr; Fort Collins
 Gallagher, John Q; Denver; Littleton
 Galloway, Frederick M; Denver; Lakewood
 Galloway, W Ben; Denver; Aurora
 Gamache, Peter J; Florence
 Gamble, William E; Denver; Littleton
 Gamblin, Kenneth R; Colorado Springs
 Gannuch, Garret M; Denver
 Garbe, Richard C; Denver
 Garcia, Elizabeth M; Pueblo
 Garcia, F A; Denver
 Garcia, Louise S; Pueblo
 Gardner, John W; Pueblo
 Gardner, Joseph H; Evergreen
 Gardner, Steven M; Grand Junction
 Garfein, Arthur D; Littleton
 Gargan, Thomas J III; Denver; Englewood
 Garland, Dave T; Denver; Lakewood
 Garland, Gerard L; Denver
 Garland, James W; Colorado Springs
 Garlick, Ivor; Denver
 Garmany, George P Jr; Boulder
 Garnand, Richard B; Littleton
 Garner, Frank L; Denver
 Garren, Lauretta F; Greeley
 Garrett, Raymond E; Englewood; Denver
 Garrett, William F Jr; Denver
 Garrow, George C; Aurora
 Garry, Stephen H; Colorado Springs
 Gartner, Charles H; Denver
 Gaughan, Lawrence J; Durango
 Gay, Kent E; La Junta
 Gaynor, Laurence F; Englewood
 Gazibara, Donald P; Colorado Springs
 Geesaman, Richard E; Boulder
 Gehret, Peter; Aurora; Englewood
 Geisterfer, Dirk J; Denver; Englewood
 Gelland, Daniel E; Denver
 Geller, I Benjamin; Denver
 Gellrick, Caroline M; Lakewood
 Gelman, Lloyd D; Boulder
 Genrich, John H; Colorado Springs
 Genskow, Gordon L; Sterling
 Gentry, James H; Denver; Englewood
 Gentry, Robert P; Greeley

Geppert, Margo J; Fort Collins
 Gerber, Michael J; Wheat Ridge; Denver
 Gerber, Milo P; Pueblo
 Gerdes, Kendall A; Denver
 Gerhold, John P; Denver; Englewood
 German, Charles; Englewood
 Germer, Nancy J; Lakewood
 Gerner, Robert E; Vail
 Gerrard-Gough, Brodie; Colorado Springs; Falcon
 Gerstenberger, Patrick D; Durango
 Ghaibeh, Ousama; Lamar
 Giansiracusa, Richard F; Loveland
 Gibbons, Ralph W; Aurora
 Gibbs, Charles P; Denver; Englewood
 Gibson, J Bradley; Colorado Springs
 Gibson, James D; Evergreen; Indian Hills
 Gibson, Matthew L Jr; Aurora
 Gibson, Richard W; Boulder
 Gieringer, Gary V; Colorado Springs
 Giffin, James M; Delta
 Giffin, Lewis A; Delta
 Gifford, Marilyn J; Colorado Springs
 Gigliotti, Lawrence G; Colorado Springs
 Gildersleeve, Richard G; Boulder
 Gildersleeve, Robert G; Cortez
 Gill, John R; Wheat Ridge; Lakewood
 Gillaspie, John D; Boulder
 Gillesby, Robert J; Denver; Littleton
 Gillespie, Elizabeth J; Fort Collins
 Gilman, Harold E; Rancho Mirage CA
 Gilman, James I; Denver
 Gilman, Neal J; Grand Junction
 Gilmer, T Scott; Aurora
 Gilmore, Bruce T; Greeley
 Giltner, James B; Denver
 Ginsburg, Freeman M; Aurora
 Ginsburg, Max M; Denver
 Ginsburg, Stanley H; Denver
 Giorno, Ralph C; Denver
 Gipson, Bernard F Jr; Denver
 Gipson, Bernard F Sr; Denver
 Gipson, William T Jr; Parker
 Gist, Wallace W; Pueblo
 Gjellum, Arthur B; Del Norte
 Gjellum, George R; Golden
 Glancy, Gerard L; Denver; Aurora
 Glasco, Donald G; Littleton
 Glassburn, Alba R Jr; Denver
 Glasser, Edward J; Littleton
 Glasser, Richard H; Denver
 Glassman, Kenneth P; Denver
 Glassman, Michael H; Denver; Aurora
 Glatz, Duane J; Englewood; Denver
 Gleichman, Theodore K; Littleton
 Glismann, John D; Lakewood
 Glismann, John P; Aspen
 Glode, John E; Longmont; Hygiene
 Go, Sumio; Colorado Springs
 Goad, Lloyd H; Golden
 Goddard, William B; Lakewood; Wheat Ridge
 Godfrey, Clarke C II; Denver
 Goff, John S; Denver
 Goggans, Walter H; Denver
 Goin, Donald W; Denver
 Golbert, Thomas M; Lakewood
 Gold, Larry A; Colorado Springs
 Goldberg, Bertram; Englewood
 Goldberg, Jan Paul; Aurora; Denver
 Golditch, Monte E; Colorado Springs; Monument
 Goldmuntz, Barry M; Colorado Springs; Manitou Springs
 Goldson, Edward; Denver

Goldstein, Charles; Denver
 Goldstein, Daniel A; Denver
 Goldstein, Joel H; Denver; Englewood
 Goldstein, Stephen A; Englewood; Aurora
 Goldstein, Warren D; Colorado Springs
 Goltz, Loren E; Denver; Aurora
 Golladay, Donald E; Trinidad
 Golter, Lee B; Grand Junction
 Golub, Burton P; Denver; Golden
 Golub, Daniel E; Fort Collins
 Gomer, Lori M; Broomfield
 Gonzales, Eugene A; Monte Vista; Alamosa
 Gonzalez, David M; Littleton
 Good, David M; Longmont
 Good, Richard L; Littleton
 Goodman, Edward H; Brush; Fort Morgan
 Goodman, Neal; Denver; Englewood
 Goodman, Reid A; Denver; Englewood
 Goodman, Stephen B; Littleton
 Gorab, Lawrence N; Colorado Springs
 Gordon, Gerald S; Denver; Littleton
 Gordon, Irit W; Aurora; Denver
 Gordon, John D; Broomfield; Denver
 Gordon, Lee; Fort Collins
 Gordon, Leon L; Mesa AZ
 Gore, Robert B; Denver
 Gorelik, Julia; Broomfield; Westminster
 Gorishek, Frank J; Denver
 Gorman, Richard W; Aurora
 Gorshow, Stephen M; Parker
 Gottesfeld, Ray L; Denver
 Gottesfeld, Stuart A; Denver
 Gottlieb, John E; Vail
 Gottlieb, Thomas B; Arvada
 Gould, Arch H; Grand Junction
 Grabow, Henry C; Canon City
 Gradison, Maggie; Aurora; Evergreen
 Grady, James R; Boulder
 Graham, Lyle W; Colorado Springs
 Graham, Rebecca S; Denver
 Graham, William H; Aurora; Denver
 Gramowski, Thomas W; Denver; Lakewood
 Grana, Arthur J; Colorado Springs
 Grant, Lee B Jr; Fort Collins
 Grant, Paul J; Englewood; Parker
 Grantham, J Geary; Boulder
 Grasso, Ralph J; Boulder
 Gray, Jan L; Lakewood; Golden
 Gray, John S; Aurora
 Grayson, David E; Brighton
 Grazi, Sol Jay; Aurora
 Green, Deborah; Fort Lupton
 Green, Thomas F Jr; Denver
 Greenberg, David C; Denver
 Greenberg, David I; Colorado Springs
 Greenberg, Jerry H; Aurora
 Greenberg, Roger; Denver
 Greenhalgh, Charles R; Denver
 Greenheck, Robert R; Denver; Aurora
 Greenholz, Daniel J; Aurora; Denver
 Greenlee, Lynn F; Canon City
 Greenlee, Max R Sr; Boulder
 Greensher, Arnold; Colorado Springs
 Greensides, Robert D; Colorado Springs
 Greer, Joseph C; Denver
 Gregory, Douglas P; Colorado Springs
 Gregory, James J; Northglenn
 Greiner, David J; Colorado Springs
 Greisman, Stewart L; Englewood; Littleton
 Grenoble, David C; Durango
 Grey, Leslie; Denver
 Griebel, Gerald W; Cortez

Griest, Deborah J; Denver
 Griffin, Dennis J; Englewood
 Griffin, John G; Denver
 Griffith, Dillard R; Colorado Springs
 Griffith, John B; Englewood
 Griffith, William F III; Aurora
 Griffiths, Leonard L III; Denver
 Groeger, Raymond J; Woodland Park
 Grogan, John M; Denver; Englewood
 Grosboll, Ashley N; Loveland
 Grosboll, Edward E; Loveland
 Grosboll, Robert N; Loveland
 Gross, Karl F; Aurora; Denver
 Grosshans, Charles L; Lakewood
 Grossman, Daniel R; Pueblo
 Grossman, Fred; Denver; Englewood
 Grossman, John A; Denver
 Grossman, Richard A; Durango
 Grossman, Terry A; Granby
 Grover, Isabelle E; Lakewood
 Groves, Fred B; Greeley
 Grow, John B Jr; Denver
 Grow, John B Sr; Denver
 Gruber, James E; Denver; Englewood
 Grund, Walter J; Littleton
 Guard, Harold L; Englewood; Denver
 Guber, Myles S; Denver
 Guerra, Frank; Englewood
 Guilfoyle, Edward J; Denver
 Gulinson, Jordan E; Denver
 Gunstream, Stanley R; Fort Collins
 Gurley, William D; Denver
 Gussman, Debra; Denver
 Guthrie, Michael B; Colorado Springs
 Guy, Reginald; Montrose
 Guza, Diana J; Aurora

H

Haas, John M; Aurora; Englewood
 Haase, Gerald M; Denver; Englewood
 Hackett, Robert D; Grand Junction
 Hackney, Terry L; Louisville; Boulder
 Hadley, John C; Eads
 Hahn, Gary W; Wheat Ridge
 Hahn, Robert W; Colorado Springs
 Hailey, Mark A; Loveland
 Haines, Mark D; Boulder
 Haley, A Thomas; Castle Rock
 Haley, James S; Longmont
 Haley, Patrick D; Denver
 Halfen, David P; Denver; Golden
 Halfmann, Lee R; Aurora; Denver
 Halgrimson, Charles G; Denver
 Halgrimson, Michael J; Lakewood
 Hall, Alan H; Denver; Aurora
 Hall, J Michael; Colorado Springs
 Hall, Michael L; Denver
 Hall, Oliver E K; Grand Junction
 Hall, Robert F; Grand Junction
 Halley, Norman B; Westminster
 Halley, Tullius W; Durango
 Halperin, Lisa F; Denver; Boulder
 Halprin, Arthur H; Pueblo; Beulah
 Halseth, Wm L; Denver; Parker
 Ham, Anthony L; Greeley
 Ham, Gordon C; Englewood; Denver
 Hamann, Richard A; Denver
 Hamill, Richard G; Pueblo
 Hamilton, Richard; Denver
 Hamilton, Robert S; Colorado Springs; Pueblo

Hamlin, Charles; Denver
 Hamm, Robert M; Loveland; Fort Collins
 Hammer, Raymond W; Litchfield Pk AZ
 Hammerberg, Eric K; Denver
 Hammond, R Scott; Westminster; Evergreen
 Hammond, Richard O; Fort Collins
 Hamstra, Gerald A; Colorado Springs
 Han, John S; Greeley
 Handy, Allan W; Pagosa Springs
 Haney, Lawrence O; Colorado Springs
 Hanley, Kevin W; Boulder
 Hanna, Robert S; Grand Junction
 Hannah, Stanley L; Denver; Englewood
 Hannemann, Martin D; Aurora; Golden
 Hannum, John N; Denver
 Hansen, Daniel G; Boulder
 Hansen, Herman R; Colorado Springs
 Hansen, Lowell H; Denver
 Hansen, Richard N; Littleton; Englewood
 Hanser, James A; Denver
 Hanson, Charles A; Pueblo; Beulah
 Hanson, J R; Colorado Springs
 Hanson, Michael W; Pueblo
 Hanson, Russell H; Estes Park
 Happer, Ian M; Denver
 Hardy, Ronald G Jr; Denver
 Harken, Alden H; Denver; Littleton
 Harley, Ned R; Boulder
 Harling, Mallory T; Fort Collins
 Harms, Thomas L; Greeley
 Harper, Barry K; Fort Collins
 Harris, Charles H; Canon City
 Harris, David W; Aurora; Englewood
 Harris, James A; Lakewood
 Harris, Lowell N; Wheat Ridge; Lakewood
 Harrison, Charles S; Littleton
 Harrison, Craig A; Boulder
 Harrison, Judith A; Durango
 Harrison, Kenneth D; Colorado Springs
 Harrison, Martin R; Golden
 Harrison, Robin A; Boulder
 Harrod, C Scott; Alamosa
 Hartl, Richard W; Colorado Springs
 Hartley, Robert D; Greeley
 Hartman, James F; Denver
 Hartner, Mark J; Denver
 Hartshorn, Denzel F; Grand Junction
 Hartshorn, Duane O; Denver; Grand Junction
 Hartwig, Frank E; Denver
 Hartzler, Janet K; Lakewood
 Harvey, Alice; Englewood
 Harvey, Duval E; Denver
 Harvey, John S Jr; Fort Collins
 Harvey, Richard L; Aurora
 Harvey, Robert P; Denver
 Harwood, James T; Denver; Englewood
 Hasan, Malik M; Pueblo
 Hashimoto, Christine; Denver
 Hatfield, Wendell; Littleton
 Hattel, Nick D; Delta
 Hattem, Albert R; Fort Lupton; Denver
 Hattler, Brack G Jr; Denver
 Hauck, Margaret E; Denver; Boulder
 Haug, Norman L; Del Norte
 Haughton, Kevin M; Denver
 Haun, William E; Denver; Englewood
 Hauser, Charles E; Colorado Springs
 Hausmann, Gertrude S; Denver
 Haveman, Craig N; Fort Lupton
 Hawes, Charles R; Denver; Littleton
 Hawke, Jeffrey E; Aurora; Denver
 Hawley, William J; Montrose

Hawlick, Garfield F; Lincoln NE
 Haygood, Thomas A; Fort Collins
 Hayhurst, Dale W; Pueblo
 Hayman, Mark P; Strasburg
 Haynes, Robert G; Lakewood
 Hays, John C; Colorado Springs
 Hayward, Bruce T; Aurora
 Hazel, Woodrow S; Denver
 Headley, David L; Colorado Springs
 Headrick, Ann C; Denver
 Hearne, Diana L; Greeley
 Heaton, Angeline D; Denver
 Heaton, Carl E; Denver
 Heaton, Warren A; Castle Rock
 Heavrin, John S; Lakewood; Littleton
 Hebert, James O III; Delta; Telluride
 Heckmann, Richard C; Denver
 Hedberg, John; Denver
 Heinz, Stephen M; Denver
 Heiser, John C; Colorado Springs
 Heiss, Robert E; Denver; Littleton
 Heisterkamp, David V; Denver
 Heller, Arnold; Denver
 Heller, Arthur P; Englewood
 Heller, Eugene; Denver
 Heller, Henry M; Durango
 Helm, Albert J; Sun City AZ
 Hemming, John G Jr; Lakewood
 Henbest, Philip M; Denver
 Hendee, Robert W Jr; Denver
 Hendee, William R; Deerfield IL
 Henderson, James A; Denver
 Henderson, Kenneth R; Denver; Broomfield
 Henderson, Nancy L; Denver
 Henderson, Stephen R; Longmont
 Henry, Raymond W; Denver
 Henson, Stanley W Jr; Fort Collins
 Hepner, Harold J; Denver; Englewood
 Herlevich, John C Jr; Westminster
 Herman, James R; Denver
 Hermann, Gilbert; Denver
 Hern, Warren M; Boulder
 Herndon, Cynthia G; Denver
 Herrington, Alan G; Pueblo
 Herrington, Richard A; Carbondale
 Herriott, Michael; Colorado Springs
 Hersch, L Brian; Boulder
 Hersey, James Merrill; Golden
 Hess, Gary W; Denver
 Hesse, Eugene J; Lasalle; Greeley
 Heuscher, Enno F; Grand Junction
 Hewitt, Glenn O; Greeley
 Heyl, Robert A; Cortez
 Hibbard, H Davis; Louisville; Boulder
 Hick, Lawrence L; Sheridan WY
 Hickman, Gerald M; Boulder
 Hicks, Bernard L; Pueblo
 Higbee, Daniel R; Denver
 Higgins, Andrew G; Denver; Wheat Ridge
 Higgins, Kerry T; Denver; Lakewood
 Higgins, Thomas; Boulder
 Hilberman, Mark; Boulder
 Hildebrand, Jan S; Canon City
 Hileman, Lyle S; Denver
 Hill, Douglas M; Thornton; Morrison
 Hill, James R; Broomfield; Boulder
 Hill, McArthur O; Wheat Ridge
 Hillman, John D; Colorado Springs
 Hillmer, Barry; Durango
 Hilton, Robert J; Denver
 Hilty, Daniel E; Wheat Ridge; Arvada
 Hilty, Lydia B; Wheat Ridge

Hilty, Raymond W Jr; Boulder
 Hiner, John M; Brighton
 Hines, William L; Denver
 Hiratzka, Paul S; Greeley
 Hirose, Hideo; Wheat Ridge; Golden
 Hitchcock, Michael H; Englewood
 Hites, James D; Fort Collins
 Hix, Ivan E Jr; Wheat Ridge; Golden
 Hixon, Walter S; Littleton
 Hlavaty, Vaclav; Thornton; Denver
 Hoch, Peter C; Denver
 Hodges, Kathleen A; Denver
 Hodges, W Jeff; Denver; Golden
 Hoeckel, Ernest J Jr; Denver
 Hoffenberg, Stephen R; Denver; Lakewood
 Hoffman, James F; Fort Collins
 Hoffman, James F Jr; Fort Collins
 Hoffman, Murray S; Denver
 Hoffman, Richard A; Aurora; Littleton
 Hoffman, Richard E; Denver; Golden
 Hoffman, Richard S; Denver
 Hoffmann, Mark F; Denver
 Hofmann, Rudolf A; La Junta
 Hofsess, Donald W; Denver
 Hogan, James L; Westminster; Longmont
 Hogenkamp, Jon M; Pueblo
 Hogle, Gregory A; Denver
 Hohengarten, John H; Colorado Springs
 Hohm, Richard A; Fort Collins
 Hoisington, William D; Paonia
 Hoke, Timothy E; Colorado Springs
 Holden, Lawrence W; Boulder
 Hollar, Gregory F; Craig
 Holley, Paul S; Wheat Ridge
 Hollister, Elbert E; Lakewood; Evergreen
 Holm, William A; La Junta
 Holman, Andrew J; Denver
 Holmes, James C; Denver
 Holmes, Joshua J; Grand Junction
 Holt, Charles J; Aurora; Englewood
 Holt, G Waltermann; Bow Mar
 Holt, Peter B; Longmont
 Holt, Steve A III; Denver; Lakewood
 Homburg, Robert C; Fort Collins
 Hooper, Gerald H; Denver; Arvada
 Hopeman, Alan R; Denver
 Hopf, Timothy R; Denver
 Hopkins, William G; Pueblo
 Hopman, Laurie; Pueblo
 Hoppe, Wayne E; Burlington
 Hopper, Lynwood M; Montrose
 Hornbaker, Charles L; Colorado Springs
 Horner, Robert L; Denver; Englewood
 Horsky, Brooke; Denver
 Horstman, James K; Fort Collins
 Horvath, Joseph S; Aurora; Englewood
 Hostettler, David P; Glenwood Springs
 Houghan, Charles R; Fort Morgan
 Houlton, William G; Denver
 Hovland, Kenneth R; Denver
 Howard, Earle T; Loveland
 Howard, K Mason Jr; Englewood; Littleton
 Howard, William L; Brighton; Boulder
 Howe, Gerald E; Cortez
 Howe, John J; Pueblo
 Howell, Kathryn T; Denver
 Howland, William W; Boulder
 Howlett, Roger G; Arvada
 Hoyer, J Scott; Aurora
 Hoyer, Louis R Jr; Pueblo
 Hoyle, Clifford L; Pueblo
 Hoyle, Thomas C III; Colorado Springs

Hoyt, Charles G; Littleton
 Hrdlicka, Jan; Arvada
 Hsu, Shih Fong; Englewood
 Huber, James A; Denver; Englewood
 Hudgens, Nancy E; Denver
 Hudson, John L; Boulder
 Huffaker, Richard C; Grand Junction
 Huffman, David H; Colorado Springs
 Huffman, Thomas A; Denver; Longmont
 Huffmire, Andre J; Craig
 Huggins, Gerald A; Denver
 Hughes, Clarence O Jr; Englewood
 Hughes, John S; Englewood; Littleton
 Hughes, Robert H; Denver; Aurora
 Hulet, Brett L; Pueblo
 Humm, John J; Aurora
 Humphrey, Fred A; Fort Collins
 Humphrey, Robert N; Fort Collins
 Humphreys, John A; Denver; Englewood
 Humphries, Jesse H; Denver
 Humphries, Patricia B; Greeley
 Humphries, William C Jr; Greeley
 Hunt, Delwin M; Aurora
 Hunt, Theodore C; Denver
 Hunter, Brett P; Greeley
 Hunter, Carol A; Fort Lyon
 Hunter, Robert D; Englewood
 Hurley, Grant W; Pueblo
 Hurley, Thomas J; Colorado Springs
 Hursh, Roger; Brighton; Denver
 Hurst, Allan; Santa Fe NM
 Hurst, John G; Greeley
 Huskey, Harlan B; Fruita; Grand Junction
 Husted, Joel R; Boulder
 Huston, Jeffrey D; Denver; Littleton
 Hutcherson, John D; Denver
 Hutchins, Earl C; Greeley
 Hutchison, David E; Denver
 Hutchison, James E; Denver
 Hutto, John M; Wheat Ridge; Lakewood
 Hyde, Edwin G; Englewood
 Hyman, Michael P; Denver

I

Illige-Saucier, Martha; Denver
 Ilvonen, Roger Paul; Denver
 Imatani, Raymond J; Aurora
 Imber, Richard J; Denver
 Imig, John R; Boulder
 Ingalls, Judith; Telluride
 Ingram, William L; Colorado Springs
 Inkret, William Jr; Denver
 Ippen, Gregory A; Denver
 Irish, Margaret A; Fort Collins
 Iriye, Craig A; Denver
 Irvin, Lewis A; Grand Junction
 Irwin, Everett; Denver
 Isgreen, John W; Montrose
 Iskander, Laurice; Aurora; Littleton
 Iwakiri, John; Arvada
 Iwata, Samuel H; Colorado Springs

J

Jabour, Christy; Arvada
 Jackson, Ham; Fort Morgan
 Jackson, Robert B; Denver
 Jackson, William E; Denver
 Jacobs, Alexander; Denver
 Jacobs, Herbert L; Denver

Jacobs, James S; Denver
 Jacobs, Mary Jo; Glenwood Springs
 Jacobsen, Merl M; Littleton
 Jacobson, Jacob G; Boulder
 Jacques, Thomas F; Denver
 James, Albert E; Denver
 James, Brien P; Englewood
 James, David R; Craig
 James, Lynn A; Grand Junction
 James, Penelope C; Denver
 Jamison, Jacqueline H; Denver
 Jamroz, Brandt A; Denver
 Janik, Joseph S; Denver; Englewood
 Janowski, Robert R; Denver
 Janson, Richard A; Grand Junction
 Jantz, Richard D; Denver
 Jaouen, Richard M; Greeley
 Jardine, Robert L; Denver
 Jared, Roy A II; Denver
 Jarrett, Michael B; Pueblo
 Jeffers, Thomas M; Arvada; Golden
 Jeffrey, Ransy L; Fort Collins
 Jekot, Chester B; Wheat Ridge
 Jendry, Ronald J; Evergreen; Conifer
 Jennings, R Lee; Denver; Englewood
 Jennings, William H; Greeley
 Jensen, Joseph S; Denver
 Jensen, Laurence G; Pueblo
 Jensen, Susan R; Colorado Springs
 Jepson, Christian N; Colorado Springs
 Jernigan, Randal F; Durango
 Jimenez, Guilebaldo E; Trinidad
 Jimenez, Joseph P; Trinidad
 Jinich, Daniel B; Fort Collins
 Jobe, Charles T; Greeley
 Jobe, William E; Englewood; Denver
 Jobe, Wm Louis; Denver; Littleton
 Jobin, Michael J; Loveland
 Johnson, Bennie S; Colorado Springs
 Johnson, Bernarr B; Carbondale
 Johnson, Bruce M; Pueblo
 Johnson, F Bing; Grand Junction
 Johnson, Kent E; Denver; Englewood
 Johnson, Marvin E; Carmichael CA
 Johnson, Melvin A; Denver
 Johnson, R Reed; Denver; Littleton
 Johnson, Richard W; Fort Collins
 Johnson, Robert V; Fort Collins
 Johnson, Robert W; Aurora
 Johnson, Roger F; Denver
 Johnson, Roger M; Greeley
 Johnson, Scott S; Brighton
 Johnson, Stephen D; Denver; Golden
 Johnson, Stephen M; Durango
 Johnson, Steven M; Pueblo
 Johnson, Thomas G; Fountain
 Johnson, Vaughn A; Durango
 Johnson, Warren T; Putnam CT
 Johnson, William M; Boulder
 Johnston, J Harvey; Green Valley AZ
 Johnston, Robert P; Aurora
 Jones, Arthur F; Wheat Ridge; Lakewood
 Jones, Charles G; Boulder
 Jones, David W; Boulder
 Jones, Everette G; Denver; Golden
 Jones, George D; Denver; Lakewood
 Jones, Harry D; Longmont
 Jones, Paul B; Grand Junction
 Jones, Rodney H; Lakewood
 Jones, Roy W; Denver; Englewood
 Jones, S Tisdal; Sun City AZ
 Jones, William A; Fort Collins

Jorgensen, Roger L; Longmont
 Joseph, Norman; Aurora
 Judson, James N; Alamosa
 Justin, Ingrid M; Fort Collins

K

Kading, Steven O; Greeley
 Kadler, Karen M; Denver; Golden
 Kadlub, Edwin D; Windsor
 Kahn, Kenneth A; Denver; Boulder
 Kahn, Robert J; Greeley
 Kail, Thomas J; Denver
 Kailasam, Velusamy; Greeley
 Kaiser, Dale C; Fort Collins
 Kamau, Pius K; Aurora
 Kandel, Elisabeth E; Broomfield
 Kandel, George E; Denver; Littleton
 Kane, Francis C; Laguna Hills CA
 Kane, Gregory A; Denver; Littleton
 Kanger, William J Jr; Lakewood
 Kaniuk, Marlene F; Boulder
 Kano, Jane S; Denver
 Kanowitz, Arthur; Denver; Englewood
 Kantor, Robert S; Denver
 Kaplan, Herbert; Denver
 Kaplan, Max; Denver
 Kaplan, Morris; San Diego CA
 Karakusis, Peter H; Denver; Highlands Ranch
 Karasek, Dagmar; Denver; Englewood
 Karel, James L; Denver; Wheat Ridge
 Karlin, Joel M; Lakewood; Denver
 Karsh, Lawrence I; Denver
 Kasenberg, Thomas P; Loveland
 Kashuk, Jeffry L; Thornton
 Kassan, Stuart S; Wheat Ridge; Denver
 Kastendieck, Jon G; Denver
 Katchian, Azad; Wheat Ridge
 Katz, Seymour; Englewood
 Kaufman, Joel M; Aurora; Littleton
 Kauvar, Abraham J; Denver
 Kauvar, Kenneth B; Denver
 Kayser, Harold L; Littleton
 Kearns, Donald H; Denver
 Keats, William K; Denver
 Keefe, Jerome L; Cheyenne Wells
 Keeler, F Brent; Aurora
 Keely, Marjorie L; Grand Junction
 Keener, Carl L; Denver
 Keener, William H; Denver
 Kehmeier, Dean F; Durango
 Keiser, Alvin F; Sun City AZ
 Kelble, David L; Denver; Evergreen
 Keller-Klein, Karen A; Boulder
 Kelley, Ralph L; Pueblo
 Kelley, Severance B; Longmont
 Kelley, William A; Grand Junction
 Kellum, Donald L; Boulder
 Kelly, Barbara Fawcett; Lakewood; Denver
 Kelly, Glenn L; Englewood
 Kelly, Robert R; Alamosa
 Kelsall, Charles H; Englewood
 Kem, M Richard; Denver; Englewood
 Kemme, Richard J; Greeley
 Kempers, Glenn R; Grand Junction
 Kendall, Ralph T; Colorado Springs
 Kendall, Wayne F Jr; Monument
 Kennedy, James R; Colorado Springs
 Kennedy, L James Jr; Denver
 Kennedy, Louis J; Colorado Springs
 Kennedy, Thomas J; Englewood
 Kennedy, Timothy C; Denver
 Kennison, Herbert B Jr; Denver
 Kennison, Warren S; Denver; Golden
 Kent, Emma M; Lakewood
 Kent, Robert H; Colorado Springs
 Kerr, Clark M; Denver
 Kerr, Richard K; Mesa AZ
 Kersey, Dudley H; Colorado Springs
 Kesler, Kelvin F; Fort Collins
 Kesselman, Stephen E; Aurora
 Kett, Helena; Aurora
 Khan, Iqbal S; Pueblo
 Kidder, Lewis A; Mesa AZ
 Kief, Jan M; Arvada
 Kieft, Larry D; Fort Collins
 Kiernan, R Martin; Denver; Mounment
 Kilpatrick, David M; Sterling
 Kim, Joon-Whee; Aurora; Englewood
 Kim, Kwi Sook; Greeley
 Kim, Yu Hong; Greeley
 Kimball, N Curtis; Sterling
 King, Michael L; Pueblo
 King, Otis J Jr; Colorado Springs
 King, Robert A; Littleton; Denver
 King, Stephen W; Denver
 King, Talmadge E Jr; Denver; Aurora
 Kingston, Richard A; Grand Junction
 Kinnard, Melinda M; Aurora; Denver
 Kinnard, Theresa L; Denver
 Kinzer, Edward J; Johnstown
 Kinzie, Jeannie J; Denver; Evergreen
 Kinzler, Dale L; Arvada
 Kiovsky, Richard D; Aurora
 Kipfer, Roger K; Louisville; Boulder
 Kiracofe, H Loudon; Durango
 Kircher, Lorence T Jr; Colorado Springs
 Kircher, Lorence T III; Colorado Springs
 Kirchner, Robert L; Boulder
 Kirk, Jude J; Pueblo
 Kirk, Rodney E; Aspen
 Kirkpatrick, Douglas H; Denver; Englewood
 Kirkpatrick, Glen R; Buena Vista
 Kirschman, Edward; Aurora; Englewood
 Kirshenbaum, Gerald; Aurora; Englewood
 Kiser, Rick E; Greeley
 Kistler, Dale C; Denver
 Kitlowski, Noel P; Aurora
 Klein, M G; Grand Junction
 Klein, Mark F; Boulder
 Klein, Melvyn H; Denver; Englewood
 Klein, Russell C; Golden
 Kleiner, John P; Colorado Springs
 Klenk, Eugene L; Denver
 Klingensmith, William C; Denver; Englewood
 Kluck, Clarence J; Englewood
 Knapp, H G Robert; Boulder
 Knaus, Gary D; Carbondale
 Knaus, Kendal C; La Junta
 Knight, Robert A; Arvada
 Knize, David M; Englewood
 Knopper, Morton P; Longmont
 Kobayashi, Thomas K; Denver
 Koehn, Gerard G; Colorado Springs
 Koelsch, Harmut W; Longmont
 Koepke, Jerald W; Denver; Littleton
 Koets, David L; Denver
 Kolberg, Bruce H; Denver
 Konigsberg, Robert A; Arvada; Littleton
 Konopka, Derek J; Denver
 Kopelman, J Joshua; Aurora
 Kornberg, James P; Boulder
 Kornfeld, Howard; Boulder

Kort, Haydee C; Pueblo
 Kort, W Thomas; Lakewood; Littleton
 Kortz, Allan B; Englewood; Denver
 Kortz, Warren J; Englewood
 Kosmicki, Patrick W; Denver; Englewood
 Kovach, Drew A; Arvada
 Kovachy, Robin J; Littleton; Aurora
 Kovarik, Joseph L; Englewood
 Kowal, Ira J; Englewood; Littleton
 Kowalski, Leonard R; Aurora; Bailey
 Kozloff, Stephen R; Greeley
 Kraft, Elizabeth S; Littleton; Englewood
 Kragor, Hugh F; Westminster
 Kramer, Ryan; Lakewood
 Kramish, David; Denver
 Kraus, G Thomas; Estes Park
 Krause, Kenneth D; Aurora; Denver
 Krauser, William J; Durango
 Krausnick, Keith F; Lamar
 Krauth, Lee E; Wheat Ridge; Evergreen
 Krebs, Jeffrey J; Castle Rock
 Krebs, Richard A; Wheat Ridge
 Kreider, Larry W; Golden; Arvada
 Krekorian, Edmund A; Denver; Aurora
 Kreutzer, Erik W; Lakewood; Denver
 Kreye, George M; Littleton
 Krichbaum, Franklin M; Lakewood
 Krichewsky, Paul; Lakewood; Golden
 Krieger, Gary R; Golden; Boulder
 Kroger, J Stephen; Longmont
 Kruglet, Donald G; Fort Morgan
 Kruse, Robert L; Englewood
 Kubitschek, Wm R; Mesa AZ
 Kucinski, Chester S; Colorado Springs
 Kuhlman, William K; Colorado Springs
 Kuhn, Kathleen R; Aurora; Denver
 Kuisle, Hans R; Boulder
 Kukral, Albert J; Lakewood
 Kulik, Janice E; Pueblo
 Kulp, Robert L; Brush
 Kuna, Gupta B; Pueblo
 Kure, Jack R; Denver
 Kurica, Kenneth B; Colorado Springs
 Kurland, Stanley K; Denver
 Kurowski, J L (Jim); Denver
 Kurtz, Michael L; Aurora; Denver
 Kutalek, Kenneth J; Evergreen
 Kuykendall, Fred D; Greeley

L

LaBaw, Wallace L; Denver; Boulder
 Labouisse, David W; Alamosa
 Lackey, Charles W; Frisco
 Lacy, George M; Denver; Englewood
 Laforce, Richard F; Sterling
 LaForce, William R; Sterling
 Lagerborg, Vincent A; Denver
 LaGreca, Brian A; Commerce City
 Lahey, Duane D; Denver
 Lahey, Michael D; Brighton
 Lain, Charles D; Colorado Springs
 Laitos, Mark M; Longmont
 Laman, Muryl L; Pueblo
 Lamb, Richard C; Sterling
 Lamb, Rodney L; Englewood
 Lambert, John C; Montrose
 Lamme, James M Jr; Walsenburg
 Lammertse, Daniel P; Englewood
 LaMotte, Gary A; Pueblo
 Lampe, John M; Denver

Landis, Henry; Lakewood; Denver
 Landon, F Rodman; Colorado Springs
 Lane, Richard A; Boulder
 Lang, Carol L; Aurora
 Langendoerfer, Sharon I; Denver
 Langley, James W; Westminster
 Langstaff, Saml H; Littleton
 Larimer, Craig W; Colorado Springs
 Larkin, James M; Colorado Springs
 Larkin, Thomas P; Denver; Englewood
 Larremore, Theodore W; Denver; Wheat Ridge
 Larson, Dennis G; Fort Collins
 Larson, Wallace K; Colorado Springs
 Lasater, Gene M; Denver; Englewood
 Laubach, Sherri J; Lakewood
 Lauer, James W; Denver
 Lavanway, James M; Colorado Springs
 Lavoo, John W; Colorado Springs
 Lavrinets, David A; Longmont
 Law, Dennis K; Wheat Ridge; Littleton
 Law, Jay D; Englewood
 Law, Ronald K; Denver; Englewood
 Lawrence, Richard A; Pueblo
 Lawrence, W Stewart; Denver
 Lawshe, Barret C; Colorado Springs
 Lazarus, Jeremy A; Englewood
 Leavitt, Timothy W; Wheat Ridge; Arvada
 Leder, Eric H; Denver; Englewood
 Leder, Max M; Denver
 Leder, Robert; Denver; Englewood
 Lee, Michael J; Lamar
 Lee, Robert K; Denver
 Lee, William H; Littleton
 Leeds, John F; Denver; Arvada
 Lefkowitz, Donald J; Denver
 Leidholt, John D; Denver
 Leight, Harold C; Denver
 Leistikow, David C; Broomfield
 Leitch, William H; Denver
 Lembitz, Alan M; Greeley
 Lembitz, Deanne D; Greeley
 Lemon, John C; Aurora; Englewood
 Lentini, Vincent C; Colorado Springs
 Leo, Jan E; Denver
 Leonard, Michael W; Denver
 Leonardi, Leo J; Salida
 Lepisto, Carl A; Grand Junction
 Lepoff, Ronald B; Denver
 Leppla, Leslie A; Greeley
 Lesage, Charles H Jr; Wheat Ridge
 Lesznik, George R; Denver
 Levenson, Ian R; Aurora; Englewood
 Levine, Mark A; Englewood; Aurora
 Levine, Samuel; Lakewood
 Levinson, Mark B; Aurora; Denver
 Levisohn, Leonard W; Denver
 Levisohn, Paul M; Denver
 Levitt, Peter W; Denver
 Levy, Irwin B; Denver
 Lewis, Barton L; Colorado Springs
 Lewis, David A; Denver
 Lewis, Evan L; Denver
 Lewis, Frederick A Jr; Englewood
 Lewis, Jeanne D; Boulder
 Lewis, Leonard A; Miami FL; Coral Gabels FL
 Lewis, Paul K Jr; Boulder
 Lewis, Philip L; Denver
 Lewis, Roger R; Englewood
 Lewis, Ted T; Colorado Springs
 Ley, Eugene B; Canon City
 Ley, James W; Haxtun
 Licon, Virgilio; Pueblo

Liddle, Edward B Jr; Colorado Springs
 Lienert, R Eugene; Denver; Englewood
 Light, Mason M; Gunnison
 Light, Ruth L; Pueblo; Colorado Springs
 Lightburn, John L; Denver; Golden
 Likes, Edwin C; Lamar
 Lillehei, Kevin O; Denver
 Lillis, Patrick J; Loveland
 Lillydahl, William C; Boulder
 Lim, Meng Lai; Greeley
 Lindauer-Gosik, Judith A; Golden; Wheat Ridge
 Lindberg, James P; Denver; Golden
 Lindell, Kevin V; Fort Morgan
 Lindeman, George M; Colorado Springs
 Linden, Robert A; Alamosa
 Lindenbaum, Barry L; Aurora; Englewood
 Lindenbaum, Stephen D; Aurora; Englewood
 Linder, Robert O; Aurora
 Lindquist, Valdemar A Y; Denver
 Lingle, James R; Englewood
 Lingle, Jeffrey W; Northglenn
 Lininger, Thomas R; Greeley
 Link, David B; Littleton
 Linn, David D; Conifer
 Linnemeyer, Robert F; Grand Junction
 Lipan, Edward M; Denver; Englewood
 Lipkin, Alan F; Denver
 Lippert, William L; Colorado Springs
 Lippman, Bruce D; Glenwood Springs
 Lipscomb, William R; Tucson AZ
 Lissauer, Werner A; Denver
 List, James E; Denver; Littleton
 Little, Kenneth R; Colorado Springs
 Litvak, John; Denver
 Livingston, Bobbie; Denver; Aurora
 Livingston, Wallace H; Denver
 Ljunghag, Susan E; Englewood
 Lloyd, Leo W; Durango
 Lloyd, William E; Colorado Springs
 Locketz, Harold D; Denver
 Lockspeiser, Lester; Denver
 Loeffel, Edwin J Jr; Buena Vista
 Loeffler, Anna T; Englewood
 Loeffler, Richard T; Aurora; Littleton
 Loeffler, Robert D; Denver
 Loehr, Richard E; Colorado Springs
 Loken, Arnold B; Littleton
 Lokey, Hamilton Jr; Wheat Ridge
 Lombard, Lou-Elizabeth J; Boulder; Denver
 Lombardi, James C; Englewood; Denver
 London, Scott F; Denver
 Long, Aaron D; Grand Junction
 Longwell, Freeman H; Denver
 Lopez, Edward M; Sterling
 Lopez, William Jr; Fort Collins
 Lopez-Samaya, Omar E; Julesburg
 Lord, Edward L; Aurora
 LoSasso, Carl J; Fort Collins
 Losasso, Leonard J; Aurora; Englewood
 Lotman, Alfred C; Denver
 Lovejoy, Brent V; Englewood
 Lovell, Kenneth R; Colorado Springs
 Lowe, Thomas G; Wheat Ridge; Lakewood
 Lowell, David H; Denver; Englewood
 Lower, Dennis L; Greeley
 Lubchenko, Lula O; Denver
 Lubchenko, Michael A; Denver
 Lucas, John L; Denver; Littleton
 Lucas, William E; Lamar
 Luckasen, Gary J; Fort Collins
 Lucy, Daniel R; Wheat Ridge
 Ludwin, Gary A; Fort Collins

Luebbert, Steven J; Colorado Springs
 Luebke, Donald C; Pueblo
 Lueck, Roger A; Englewood; Aurora
 Luekens, Claude A Jr; Wheat Ridge; Dillon
 Luehke, James M; Aurora; Denver
 Lumnitz, Janice S; Eagle
 Lund, Cynthia J; Colorado Springs
 Lundgren, John C; Julesburg
 Luter, Patrick W; Durango
 Luttenegger, Thomas J; Fort Collins
 Luzietti, Richard G; Aurora; Littleton
 Lynn, John T III; Colorado Springs

M

Macaluso, Frank A Jr; Denver
 MacCarter, Daryl K; Denver
 MacFarlan, Sherburne M; Boulder
 Machanic, Bennett I; Denver
 Mack, Marjorie A; Aurora
 Mack, Robert P; Denver
 Mackell, Paul E; Boulder
 Mackey, Jack L; Sterling
 Mackey, Winona R; Pueblo; Colorado Springs
 Maclean, James E; Grand Junction
 MacLeod, William A J; Alamosa
 MacMillan, Hugh A; Denver
 Macomber, Douglas W; Denver
 MacPhee, William M; Aurora; Denver
 Macsalka, Mary A; Boulder
 Macsalka, Robert E; Boulder
 Madan, Veena; Denver
 Madison, Bruce A; Denver
 Madison, David S; Denver
 Madsen, Mark C; Grand Junction
 Maercklein, Wallace W; Evergreen
 Maestas, Gilbert B; Denver
 Magee, Archie E; Grand Junction
 Maggiore, John R; Glenwood Springs
 Magill, Charles D; Englewood
 Magraw, Bronwen J; Palisade
 Magsamen, B F; Fort Collins
 Mahony, Thomas H III; Colorado Springs
 Mahony, Thomas H Jr; Denver
 Mains, Charles W; Lakewood; Golden
 Major, Francis J; Denver; Englewood
 Major, Joseph J; Denver; Englewood
 Makowski, Anthony J III; Highlands Ranch
 Malburg, Bernard J; Hayden; Craig
 Malek, Denise G; Colorado Springs
 Maloney, James M III; Denver
 Maloney, John D; Fort Collins
 Malowney, Robert C; Englewood
 Manalo, Antonio S; Springfield
 Manart, Frank D; Denver
 Mandel, Mickey J; Denver; Englewood
 Manfre, Kenneth; Aurora; Denver
 Mangalik, Asha; Denver
 Mangione, Ellen J; Denver
 Mangione, William J; Aurora; Denver
 Mangum, William K; Greeley
 Manguso, Robert L; Aurora
 Manhart, Harold E; Montrose
 Manhart, Richard A; Montrose
 Maniatis, William N; Aurora
 Manke, William F; Denver; Englewood
 Mann, James G; Denver
 Manolis, Demosthenes A; Pueblo
 Marasco, Paul B; Grand Junction
 Marbry, George W; Boulder
 Marcelo, Teresita R; Denver
 Marcotte, Dale D; Boulder
 Maresh, Gerald S; Englewood
 Markel, William R; Broomfield
 Markewich, Gary S; Colorado Springs
 Markey, Joseph W; Boulder
 Markham, Allen M Jr; Denver
 Markovchick, Vincent J; Denver; Golden
 Marks, Galen D; Brighton; Erie
 Markson, Jay A; Denver
 Marritt, Emanuel; Englewood
 Marsh, Randall C; Greeley
 Marsh, Stuart G; Pueblo
 Marta, John A; Colorado Springs
 Martin, Andrew J; Westminster; Broomfield
 Martin, Christopher H; Sun City AZ
 Martin, Eva; Fort Collins
 Martin, Theodore E; Rocky Ford
 Martin, Travis W; Vail
 Martin, William M; Aurora
 Martinelli, Lawrence P; Denver
 Martinez, Benjamin; Pueblo
 Martinez-Frontanilla, Luis A; Denver
 Martz, David C; Colorado Springs
 Maruca, Joseph; Grand Junction
 Maruyama, Herbert H; Lakewood
 Marx, Johann R; Denver
 Mason, Ulysses G III; Denver
 Massa, Emil J; Denver
 Massey, Benjamin H; Pueblo
 Mastro, Edward R; Pueblo
 Matchett, Kenneth M Jr; Grand Junction
 Mateskon, Charles A; Denver
 Matthews, David S; Colorado Springs
 Matthews, Frank D; Denver
 Maul, Herman S; Lakewood; Denver
 Maul, Kester V; Denver
 Maurer, Lawrence E; Boulder
 Maxwell, George S; Longmont
 Maxwell, James C; Denver; Littleton
 Maxwell, James H; Colorado Springs
 May, Andre' R; Fort Lupton; Denver
 Mayeaux, Carl A; Denver
 Mayeda, Douglas V; Colorado Springs
 Mayeda, Thomas K; Littleton
 Mayer, David M; Grand Junction
 Mays, James M; Fort Collins
 Maytum, Helen E; Denver
 McBurney, James W; Pueblo
 McCafferty, Bonnie; Denver
 McCaffrey, Paul P; Pueblo
 McCall, Janis R; Greeley
 McCallister, Dianne E; Denver
 McCallon, T Dwaine; Buena Vista
 McCanless, James W; Pueblo
 McCarthy, Howard L; Englewood
 McCarthy, Thomas T; Colorado Springs
 McCartney, Robert D; Denver
 McCarty, David W; Longmont
 McCarty, David W IV; Longmont
 McCaughey, Paul T; Denver
 McCauley, John R; Longmont
 McCaw, William W Jr; Denver
 McClean, Charles K; Denver
 McCleary, Edward L; Denver
 McClellan, Charles W; Colorado Springs
 McClintock, Homer G; Denver
 McCloskey, Thomas T; Englewood
 McClung, Harvey W; Pueblo
 McClure, Scott H; Colorado Springs
 McColl, Harry A Jr; Colorado Springs
 McCoy, James A; Colorado Springs
 McCreedy, Gordon J; Wheat Ridge; Lakewood
 McCreedy, Philip A; Wheat Ridge
 McCreery, Richard A; Colorado Springs
 McCrory, Charles B; Brighton
 McCroskey, Brian L; Denver
 McCulloch, Alexander T Jr; Colorado Springs
 McCurdy, Robert E; Denver
 McDaniel, David B; Grand Junction
 McDaniel, Janice R; Grand Junction
 McDivitt, Robert B; Greeley
 McDonald, Keith M; Denver
 McDonald, Roderick J Jr; Denver; Littleton
 McDonnell, Gerald E; Fowler
 McDonough, Gilbert L; Denver
 McDowell, Marion E; Denver
 McDuffie, Robert S; Denver
 McElfatrick, Robert A; Denver
 McElhinney, James P; Denver
 McElwee, Hugh P; Fort Collins
 McFadden, Donna L; Grand Junction
 McFarland, Douglas M; Trinidad
 McFarland, Osmyn W; Boulder
 McFee, John G; Denver
 McGarry, Joseph T; Florence
 McGee, Hugh J Jr; Wheat Ridge; Golden
 McGill, Joseph J; Denver
 McGinnis, James G; Fort Collins
 McGlone, Frank B; Denver; Littleton
 McGroarty, Saralee R; Longmont; Boulder
 McGuire, Brian M; Denver; Lakewood
 McHugh, Robert L; Alamosa
 McLroy, Richard H Sr; Pueblo
 McInerney, John R Jr; Golden
 McIntyre, Donald O; Lakewood
 McKenna, Michael P; Longmont; Loveland
 McKenna, Robert L; Denver
 McKinney-Clark, Jeanne; Longmont
 McKinnon, Douglas A; Denver
 McKinnon, George E; Pueblo
 McKnight, James H Jr; Sterling
 McLain, Phil C III; Estes Park
 McLaughlin, John D; Aurora
 McMahan, B Thomas; Denver
 McMahon, Charles D; Colorado Springs
 McMahon, Richard T; Denver
 McMillan, Michael J; Highlands Ranch
 McMillin, Kim I; Denver; Englewood
 McMullan, Kathryn L; Brighton
 McMullen, Craig T; Colorado Springs
 McMullen, James W; Colorado Springs
 McMullen, R Bard; Colorado Springs
 McMurren, Jay W; Gunnison
 McNally, Michael J; Colorado Springs
 McQuaid, James L; Denver
 McVicker, John H; Greeley
 McWilliams, John E; Colorado Springs
 Meacham, Stephen R; Grand Junction
 Mead, Alexander; Denver
 Mead, Daina C; Fort Collins
 Meagher, David P Jr; Denver; Golden
 Meason, Thomas M Jr; Grand Junction
 Mebane, David M; Montrose
 Meeuwssen, James W; Pueblo
 Mehler, Robert E; Boulder
 Mehos, William G; Salida
 Mehta, Pushpa S; Aurora; Englewood
 Mehta, Sunder J; Denver; Englewood
 Mehta, Uday K; Pueblo
 Meinig, Richard P; Denver
 Meister, Edward J; Denver
 Melinkovich, Paul; Denver; Evergreen
 Mellinger, William J; Fort Morgan
 Melmed, Meir H; Englewood

Meltzer, Gerald E; Denver; Englewood
 Melzer, Robert B; Denver; Englewood
 Mencini, Raymond A; Denver; Aurora
 Menconi, Lawrence R; Westminster; Denver
 Mendenhall, John C; Denver
 Mendez, William H; Denver
 Mendoza, Carlos A; Westminster
 Menhusen, Monty J; Denver
 Menter, Robert R; Englewood
 Menzel, Mark L; Boulder
 Mercer, Jeannette Y; Windsor
 Merkel, Lawrence A; Fort Collins
 Merkel, William D; Grand Junction
 Merkert, George L Jr; Colorado Springs
 Merrick, Thomas A; Denver
 Merrill, Joseph G; Grand Junction
 Merritt, Edward G; Dolores; Cortez
 Messenbaugh, Robert L; Wheat Ridge; Denver
 Messner, Duane G; Lakewood
 Messner, Milo L; Colorado Springs
 Mestas, T Robert; Denver; Englewood
 Metzger, James R; Boulder
 Meyer, John E; Boulder
 Meyer, Maryethel; Lakewood
 Meyer, Ronald C; Wheat Ridge; Lakewood
 Meyer, Ronald W; Gunnison
 Meyers, Barry E; Denver
 Meyers, J Kim; Gunnison
 Meza, Felix; Denver
 Michael, Christopher S; Denver
 Michael, Joyce E; Colorado Springs
 Michailov, Dimitar V; Pueblo
 Michalek, Michael; Denver
 Michelson, Abraham K; Aurora; Englewood
 Mijer, Frits; Denver
 Mikles, Devin A; Aurora; Denver
 Miklin, Jerry S; Wheat Ridge
 Milano, William J; Loveland
 Milburn, William H; Longmont; Lyons
 Miles, Norman A; Boulder
 Miles, Wilfred W; Aurora
 Miller, Alvin P; Denver
 Miller, Burdette L; Estes Park
 Miller, Charles H; Lakewood
 Miller, David C; Lakewood; Wheat Ridge
 Miller, Denise M; Longmont
 Miller, E Eugene; Colorado Springs
 Miller, Edward S; Denver
 Miller, Eugenia M; Aurora
 Miller, Floyd J; Colorado Springs
 Miller, Gerald M; Denver
 Miller, J Brian; Colorado Springs
 Miller, John L; Canon City
 Miller, Katherine M; Canon City
 Miller, Meredith H; Englewood; Littleton
 Miller, Paul D; Lakewood; Wheat Ridge
 Miller, Roger W; Pueblo
 Miller, Ted W; Pueblo
 Miller, Terry D; Wheat Ridge; Arvada
 Miller, Thomas E; Grand Junction
 Miller, Wayne A; Denver; Evergreen
 Miller, William B; Lakewood
 Milligan, Gatewood C; Englewood
 Mills, John W; Greeley
 Milzer, Gary S; Aurora; Englewood
 Mink, Barry D; Aspen
 Minsky, Joan E; Denver
 Minton, Douglas G; Denver
 Minzer, Eugene R; Denver
 Minzter, Ronald M; Denver
 Miotto, Karen A; Denver
 Mishell, Jeffrey L; Denver

Mitchel, Duane H; Denver
 Mitchell, Orderia F; Colorado Springs
 Mitchell, Roger S; Denver
 Mitchelltree, Robert G; Golden
 Modlin, Richard A; Colorado Springs; Manitou Springs
 Moehring, Roswitha; Denver
 Moffatt, Thomas W Jr; Littleton; Lakewood
 Moffett, P Michael; Longmont
 Mogab, John C; Greeley
 Mohler, Philip J; Grand Junction
 Mohr, Gary Alan; Canon City
 Mokrohisky, Stefan T; Denver
 Moldauer, Leslie; Denver
 Molk, Barry L; Aurora
 Molk, Kevin J; Littleton
 Molk, Leizer; Denver
 Momii, Dick D; Denver
 Monahan, E P Jr; Craig
 Moncy, Ellen L; Wheat Ridge; Evergreen
 Monheit, Peter I; Denver; Englewood
 Monsour, James W; Denver
 Montana, Margaret A; Denver
 Montgomery, Eva; Lakewood; Littleton
 Montrey, Jill S; Englewood; Denver
 Moo-Young, George A; Denver
 Moon, Arlie L; Yucaipa CA
 Moon, William A Jr; Denver
 Mooney, Herbert S Jr; Longmont
 Moore, Cyril S C; Denver
 Moore, Donald B; Boulder
 Moore, Ernest E Jr; Denver
 Moore, Frederick; Denver
 Moore, Gene H; Colorado Springs
 Moore, George E; Denver; Conifer
 Moore, John B; Lakewood
 Moore, John T; Aurora
 Moore, Larry A; Colorado Springs
 Moore, Lucy; Denver
 Moore, Michael L; Denver; Englewood
 Moore, Patrick T; Denver; Englewood
 Moore, Richard H; Louisville; Boulder
 Moore, Timothy J; Pueblo
 Moore, Virginia M; Littleton
 Moorhead, Kenneth D; Boulder
 Moorman, Lemuel T; Denver
 Moothart, Richard W; Colorado Springs
 Moran, Patrick G; Grand Junction
 Morgan, Alethia E; Pueblo
 Morgan, Alma R; Fort Collins
 Morgan, David L; Englewood; Denver
 Morley, Alexander K III; Frisco
 Morrell, Don L; Denver
 Morrell, Robert M; Sun City AZ
 Morris, Dorothy L; Arvada
 Morrison, John D; Denver; Littleton
 Morton, David E; Pueblo
 Morton, G Thomas; Glenwood Springs
 Moser, Barbara E; Lakewood
 Moser, Edgar A; Denver
 Mosko, Joel; Denver
 Moss, G Wayne; Lakewood
 Mossberg, C Eugene; Longmont
 Motley, Robert F; Montrose
 Moulton, Jeffrey S; Denver; Englewood
 Mountain, Richard D; Denver; Littleton
 Moyer, John P; Evergreen
 Mozia, Nelson I; Wheat Ridge; Golden
 Mrozek, John R; Colorado Springs
 Mubarak, Asa'ad A; Wheat Ridge; Englewood
 Mueller, Edward E; Pueblo
 Mueller, Ferdinand Jr; Denver

Mueller, John F; Denver
 Mueller, Stephen O; Colorado Springs
 Muffly, Harry M; Englewood; Littleton
 Muffly, James T; Englewood
 Muftic, Michael; Denver
 Muir, Bennett W; Parker
 Mules, Janet E; Denver
 Mullinaux, Ernest B; Aurora
 Mumma, Donna L; Denver
 Munch, David M; Aurora; Englewood
 Munro, George F; Brighton
 Munson, Wayne M; Colorado Springs
 Munson, William A; Colorado Springs
 Murahata, Sue A; Denver
 Murchison, William G; Pueblo
 Murley, Gordon D; Pueblo
 Murphy, Alan R; Colorado Springs
 Murphy, Carla E; Denver; Littleton
 Murphy, Daniel S; Denver
 Murphy, David M; Englewood
 Murphy, James T; Boulder
 Murphy, Joseph M; Durango
 Murr, Peter C; Denver
 Murray, Douglas M; Fort Collins
 Murray, Ives P; Denver
 Murthy, Krishna C; Fort Collins
 Musman, David J; Englewood
 Musso, Carlo A; Denver
 Muth, John B; Colorado Springs
 Mutz, Austin; Denver
 Myers, Burton S; Englewood
 Myers, Carl B; Denver
 Myers, James M; Colorado Springs
 Myers, John A; Aurora; Englewood
 Myers, R Douglas; Lakewood; Golden

N

Nafziger, Steven D; Pueblo
 Nakakuki, Masafumi; Denver
 Nakano, Jeffrey M; Grand Junction
 Nanna, Richard T; Denver
 Napoli, J Nicholas; Lakewood
 Narrad, James A; Denver
 Narvaez, Rogelio W; La Junta
 Nash, Rex D; Colorado Springs
 Nason, Herbert M; Alamosa
 Nathan, Robert A; Colorado Springs
 Nauts, Ruth B; Aurora; Denver
 Nawaz, Dilsher; Denver; Aurora
 Nay, Leston B; Littleton; Denver
 Neal, Billy J; Lakewood; Wheat Ridge
 Near, Alida R; Denver; Castle Rock
 Needham, Merl E; Denver; Littleton
 Neeley, George R; Wheat Ridge; Evergreen
 Nelson, Daniel G; Delta
 Nelson, J Phillip; Denver; Watkins
 Nelson, John M; Denver
 Nelson, Marvin C; Denver
 Nelson, Nancy E; Denver
 Nelson, Roy G; Boulder; Louisville
 Nelson, William R; Denver
 Nemeth, Clifford J; Loveland
 Nethery, Raymond A; Pueblo; Modesto CA
 Netz, Howard E; Lakewood
 Nevarez, Max A Jr; Cedaredge
 Nevison, Thomas O; Denver
 Nevriy, Thomas; Fort Collins
 Newcomer, John A; Colorado Springs
 Newens, Adrian F; Denver
 Newlin, Carol M; Fort Collins

Newman, Alice Amacher; Wheat Ridge
 Newman, Lee S; Denver
 Newman, Samuel P; Lakewood
 Newsom, Marilyn M; Boulder
 Nibbe, Albert F; Wheat Ridge; Lakewood
 Nicholson, Stephen S; Lakewood; Littleton
 Nichol, Thomas W; Estes Park
 Nickell, Leo C; Englewood
 Nicks, Frank I Jr; Colorado Springs
 Nicolay, Donald L; Boulder
 Nieder, Robert M; Englewood
 Nieland, Leo J; Denver
 Nielsen, Peter G; Colorado Springs
 Ning, Theodore C Jr; Wheat Ridge
 Nissim, Joseph J; Longmont; Boulder
 Noble, Deane L; Colorado Springs
 Noce, Michael A; Durango
 Noda, Albert Y; Denver
 Nofsinger, Kenton D; Aurora; Englewood
 Nonas, Nicholas G; Englewood; Denver
 Norfleet, Larry B; Colorado Springs
 Norrie, Thomas K; Fort Collins
 Norris, Andrew M; Fort Collins
 Norton, John D; Colorado Springs
 Norton, John T; Denver; Parker
 Norton, Philip H; Aurora; Denver
 Novak, Deborah W; Grand Junction
 Nowick, Martin E; Aurora; Englewood
 Nowinski, Donald M; Boulder
 Nusca, Margaret T; Monument
 Nuss, Donald D; Aurora
 Nutting, Burtis E; Glenwood Springs
 Nye, John R; Denver
 Nygaard, Airell L; Denver
 Nystrom, John S; Glenwood Springs

O

O'Brian, Charles R; Denver
 O'Brien, Martin E; Englewood; Littleton
 O'Connor, J William; Lakewood; Englewood
 O'Connor, Sharon E; Denver; Englewood
 O'Day, Fred T; Lakewood
 O'Dell, Robert A; Aurora
 O'Donnell, James A; Glenwood Springs
 O'Donnell, James J; Colorado Springs
 O'Donnell, Richard S; Denver; Englewood
 O'Donnell, Sean C; Colorado Springs
 O'Dowd, Mary K; Denver
 O'Loughlin, Edward P; Denver; Aurora
 O'Meara, Owen P; Denver; Englewood
 O'Neal, Jean P; Greeley
 O'Neill, Eugene T; Denver; Englewood
 O'Neill, John J; Fort Collins
 O'Rourke, P Terrence; Colorado Springs
 Oakes, Frederick C Jr; Glenwood Springs
 Ochsner, Ronald C; Englewood; Littleton
 Odekirk, Larry L; Aurora; Castle Pines
 Oden, Robert R; Aspen
 Odom, John A Jr; Lakewood; Wheat Ridge
 Oelrich, Carl D; Greeley
 Ogden, McAlpine P; Boulder
 Oglin, Gary A; Englewood
 Ogsbury, James S; Wheat Ridge; Littleton
 Ogura, George I; Denver
 Ohlsen, Joel D; Pueblo; Rye
 Okin, J Thos; Denver
 Olds, Kenneth M; Greeley
 Olijnyk, Irene; Longmont
 Oliphant, Manford M Jr; Denver; Littleton
 Oliveira, Mario M; Colorado Springs

Olivier, Brian D; Fort Collins
 Ollhoff, Harold J; Sterling
 Olsen, Eric B; Denver
 Olsen, Gerald M; Fort Collins
 Olshock, Richard; Wheat Ridge
 Olson, Dennis H; Wheat Ridge; Evergreen
 Olson, Mark R; Limon
 Olson, Neiland R; Colorado Springs
 Olson, Robert H; Wheat Ridge; Golden
 Olvey, Stuart K; Colorado Springs
 Onat, Maurine; Denver; Englewood
 Opatowski, Michael B; Denver
 Oppegard, Charles R; Englewood; Denver
 Oppenheim, Walter H; Wheat Ridge
 Oppenheimer, David A; Boulder
 Oram-Smith, Jeffrey C; Colorado Springs
 Orr, Edwin R; Fruita
 Orsborn, George E Jr; Denver; Wheat Ridge
 Orton, Paul W; Highlands Ranch; Littleton
 Osa, Steven R; Denver; Littleton
 Osborn, Mark M; Pueblo
 Osborne, Richard B; Greeley
 Otsuka, Alvin L; Denver
 Otteman, Merlin G; Fort Collins
 Overett, Thomas K; Denver
 Overturf, Bruce R; Fort Morgan
 Overly, Hugh R; Denver
 Owens, Cynthia J; Parker; Englewood
 Owens, J Cuthbert; Denver; Englewood
 Oxman, Albert C; Denver
 Ozamoto, Isamu; Denver

P

Paap, Jack I; Colorado Springs
 Pace, R Scott; Greeley
 Pacheco, Jose P; Westminster
 Pacini, Donald R; Grand Junction
 Paddock, Michael R; Cortez; Dolores
 Padmos, Richard E; Boulder
 Padua, Steve A; Delta
 Page, Donald F; Canon City
 Page, Doris A; Denver
 Painter, M Ray Jr; Grand Junction
 Pajon, Eduardo R Jr; Aurora; Parker
 Paley, Aaron; Denver
 Palmer, Harold D; Sedona AZ
 Palmer, Walter Lincoln; Chicago IL
 Palmieri, Anthony J; Aurora
 Palu, Margaret E; Fort Morgan
 Panter, Edward G; Denver
 Panter, Kent W; Denver
 Papenfus, Kurt F; Denver; Golden
 Pappas, George; Denver; Littleton
 Paquette, Frederick R; Grand Junction
 Pardos, George J; Denver
 Parker, Joseph J Jr; Grand Junction
 Parker, Kay C; Denver; Morrison
 Parker, Richard K; Denver
 Parker, Robert K; Denver
 Parker, Robert W; Littleton
 Parkhurst, Aaron E; Greeley
 Parkinson, Wendy M; Denver
 Parks, Barber J; Wheat Ridge
 Parry, Lynn; Lakewood; Littleton
 Parry, Thomas M; Edgewater; Lakewood
 Parsons, Debra J; Denver
 Parsons, Donald W; Denver; Littleton
 Partington, Cyrus W; Colorado Springs
 Pash, Robert; Denver
 Patel, Dayalji D; Thornton; Westminster

Paton, Bruce C; Denver
 Patt, Richard A; Aurora
 Patten, Albert M; Denver
 Patterson, Charles R; Ault
 Patterson, James R; Englewood
 Patterson, Joseph H; Denver; Englewood
 Patterson, Robert B; Loveland
 Patterson, Stuart A; Fort Collins
 Patterson, William R; Grand Junction
 Patridge, Mark F; Golden
 Patz, David S; Grand Junction
 Paul, Allan L; Greeley
 Paul, David H; Vail; Avon
 Payea, Norman P II; Lakewood; Wheat Ridge
 Peacock, William F; Littleton
 Peak, James W; Montrose
 Pear, Bert Lincoln; Denver
 Pearlman, David S; Aurora; Englewood
 Pearlman, Mark H; Aurora; Englewood
 Pearse, Jack H; Yuma
 Pearson, Phil C; Durango
 Pebler, Richard F; Limon
 Pecevich, Mark; Pueblo
 Peck, Mordant E; Denver
 Peck, Sanford D; Denver
 Pederson, Janet L; Aurora
 Peetz, Michael E; Greeley
 Peetz, Shelley L; Greeley
 Pemberton, James P; Pueblo
 Pence, Tom K; Colorado Springs
 Penix, Lex L; Denver
 Penn, Eugene C; Aurora
 Penner, Clyde E; Englewood
 Pensack, Robert J; Denver
 Peoples, Grant; Aurora
 Peppers, Tracy D; Denver
 Percefull, Sabin C; Englewood; Littleton
 Perisho, Kathy L; Denver
 Perna, John L; Leadville
 Perreten, Frank A; Denver
 Perrott, Walter W III; Colorado Springs
 Perry, Carmel P; Colorado Springs
 Perry, Robert B; Littleton
 Persoff, Michael; Denver; Aurora
 Persoff, Nathan S; Denver
 Pertcheck, Lawrence M; Denver; Englewood
 Peshock, James R; Boulder
 Peters, Bruce H; Colorado Springs
 Petersen, Gordon W; Denver
 Petersen, Warren A; Grand Junction
 Peterson, Edwin W; Denver
 Peterson, Harold R; Littleton
 Peterson, James H; Greeley
 Peterson, Keith E; Greeley
 Peterson, Norman E; Denver; Aurora
 Peterson, Richard I; Colorado Springs
 Peterson, W Peter; Denver
 Petrie, Kent Alan; Vail
 Petty, Stephen T; Denver
 Petty, Thomas L; Denver
 Pfeifer, Lyle M; Fort Collins
 Pfenninger, Mark Wm; Wheat Ridge; Evergreen
 Pflie, E F; Longmont
 Pflum, Eugene W; Pueblo
 Ploff, David S; Denver; Englewood
 Phelps, Dennis A; Colorado Springs
 Phelps, Dwight S; Denver
 Phelps, Harvey W; Pueblo
 Phelps, Herschel R; Loveland; Greeley
 Phelps, Lynn M; Pueblo
 Phillips, Alfred M; Pagosa Springs
 Phillips, Barbara A; Boulder

Phillips, Robert G; Denver
 Philpott, Ivan W; Denver
 Philpott, Osgoode S; Denver
 Philpott, Osgoode S Jr; Denver; Englewood
 Philpott, Peter J; Englewood
 Piccone, Anthony D; Denver
 Pick, Melvin M; Colorado Springs
 Pickard, Thomas M; Sterling
 Piel, Michael T; Englewood
 Pierce, Alson F; Peyton
 Pierce, Robert D; Pueblo
 Ping, Donald W; Denver
 Pinson, Ronald C; Grand Junction
 Pinto, Randolph A; Boulder
 Pirsch, Howard R; Denver
 Pirnat, Martin P; Durango
 Pischinger, Russell J; Longmont
 Pise, Gerald J; Colorado Springs
 Pitman, William M; Colorado Springs
 Pizzo, Christopher J; Denver
 Platt, Frederic W; Denver
 Platt, Kenneth A; Westminster; Denver
 Platz, Victor; Colorado Springs
 Plaus, William J; Denver
 Plazak, Dean J; Boulder
 Plunkett, Larry M; Denver
 Pluss, Richard G; Denver; Englewood
 Pluss, William T; Denver
 Podgorski, Steven F; Englewood; Denver
 Podlecki, David A; Longmont
 Pohlman, Floyd H; Sterling; Atwood
 Poje, Joanne; Longmont
 Polevoy, Ira S; Lakewood; Golden
 Poliakov, Claude S; Colorado Springs
 Pollard, Joseph S Jr; Colorado Springs
 Pollard, Marvin J; Denver; Aurora
 Pollock, Caryl J; Colorado Springs
 Pomerantz, Harold; Denver
 Pomerantz, Marvin; Denver; Englewood
 Pons, Peter T; Denver
 Poppert, Dale L; Denver
 Porreco, Richard P; Denver; Golden
 Porter, Bruce M; Fort Collins
 Porter, Richard F; Alamosa
 Porter, Robert T; Greeley
 Post, Gary L; Englewood; Aurora
 Post, Lawrence T; Craig; Hamilton
 Potestio, Charles M; Pueblo
 Potestio, Frank S; Englewood; Parker
 Poticha, Gerald S; Littleton; Englewood
 Potter, Donald E; Canon City
 Potts, William E; Lakewood; Denver
 Poucel, Jean-Georges; Aurora
 Poulos, Edwin D; Denver
 Powell, Thomas T; Golden; Lakewood
 Power, Charles W; Lafayette
 Powers, Bernard J; Englewood; Denver
 Powers, Douglas K; Longmont; Platteville
 Powers, Robert C; Englewood; Denver
 Prager, Nelson A; Highlands Ranch
 Pratt, Elmer B; Littleton
 Pratt, Jennifer A; Denver; Aurora
 Pratt, Thomas C; Durango
 Preble, Parker E; Fort Collins
 Prenzlau, Werner S; Denver
 Preshaw, D Edwin; Littleton
 Press, Peter; Denver
 Pressley, Richard L; Boulder; Longmont
 Presti, Matthew; Colorado Springs
 Preston, Paul P; Denver
 Prevedel, Arthur E; Denver
 Price, Jerry G; Denver; Englewood

Price, Richard A; Colorado Springs
 Price, Vernon H; Steamboat Springs
 Prinzing, J Fredric Jr; Denver
 Prochoda, Karyn P; Denver
 Proctor, Carla R; Pueblo
 Propp, John G; Denver
 Protas, Jacob M; Aspen
 Province, Darryl L; Pueblo
 Provost, Pierre E V; Denver
 Pruitt, J C; Colorado Springs
 Ptasnik, Michael J; Denver
 Puckett, William N; Denver
 Purdie, Frank R; Greeley
 Purdon, Thomas F; Colorado Springs
 Purnell, Mark L; Aspen
 Pushkin, Joshua R; Denver

Q

Quackenbush, Kirk T; Lakewood
 Quick, George E; Denver; Littleton
 Quimby, Robert L; Walsenburg
 Quinby, James L; Denver
 Quinn, Richard E Jr; Greeley
 Quintana, Phillip D; Aurora
 Quintero, Peter S; Denver

R

Raattama, Ruth J; Denver
 Rabin, Ronald A; Denver
 Rabinowitz, Jay S; Parker
 Rabold, James G; Lafayette; Boulder
 Rademacher, Donald R; Greeley
 Rademacher, Raymond J; Denver
 Radetsky, Paul; Wheat Ridge
 Radway, Paul R; Pueblo
 Raetz, David A; Denver; Golden
 Rainer, W Gerald; Denver
 Rainer, William G Jr; Denver
 Rainey, Rhett K; Colorado Springs
 Ramey, Ralph Jr; Colorado Springs
 Ramo, Leon; Denver
 Ramos, Michael A; Pueblo
 Randono, John J; Colorado Springs
 Rangel, Keith A; Greeley
 Rangell, Nelson; Denver
 Ranzenberger, Steven S; Colorado Springs
 Rao, Y N; Pueblo
 Rapaport, Alan M; Denver
 Rapp, Alan D; Colorado Springs
 Rapp, Barry M; Pueblo
 Rappe, Donald L; Durango
 Rasband, Rick W; Aurora
 Rashleigh, Perry L; Grand Junction
 Raskin, Douglas J; Colorado Springs
 Raso, Roland A; Grand Junction
 Rastrelli, Alan J; Denver; Littleton
 Ratcliff, Ralph G; Denver
 Ratner, Karen N; Littleton; Lakewood
 Ratzer, Erick R; Denver; Littleton
 Rauzi, Frank R; Littleton
 Ravin, Rose S; Denver
 Ravin, Sheldon J; Colorado Springs
 Rawat, Sumant; Pueblo
 Raybin, James B; Boulder
 Rayburn, Charles R Jr; La Junta
 Raye, Charles H; Pueblo; Colorado Springs
 Rea, John J; Pueblo; Pueblo West
 Rechnitz, Gary D; Fort Collins
 Reckler, Sidney M; Denver
 Rector, James B; Boulder; Longmont
 Rector, Susan E; Boulder; Longmont
 Reddy, Carol F; Denver
 Redwine, Robert H; Pueblo
 Reed, Barbara R; Denver; Englewood
 Reed, Jay A; Loveland
 Reed, Thomas A; Denver
 Reents, William J; Loveland
 Rees, James M; Colorado Springs
 Reeves, Robert H; Colorado Springs
 Regan, James R; Denver
 Rehg, William F; Englewood
 Reich, Harvey M; Wheat Ridge
 Reich, Laura M; Colorado Springs
 Reich, Marshall P; Aurora; Denver
 Reichert, Thomas K; Pueblo
 Reid, John H; Fort Collins
 Reilly, Gerald D; Pueblo
 Reimers, Bruce L; Colorado Springs
 Reimers, Wilbur L; Denver
 Rein, Richard A; Aurora
 Reiquam, C W; Denver; Lakewood
 Reishus, Allan D; Craig
 Reiting, Russell G; Longmont
 Rendler, Michael Thos; Pueblo
 Repert, William B; Fort Collins
 Replogle, Scott L; Longmont; Boulder
 Repsher, Lawrence H; Wheat Ridge
 Rest, Arthur; Denver
 Restivo, Jack L; Denver
 Retallack, Louis L; Denver
 Reynard, Kenneth B; Denver; Englewood
 Reynders, Michel A; Denver
 Reynolds, Craig A; Lakewood
 Reynolds, Judith U; Colorado Springs
 Rhodes, Edward A; Denver; Englewood
 Rhodes, Paul H; Lakewood
 Rice, David R; Jamestown
 Rice, Glenn R; Boulder
 Rice, Lee E; Boulder
 Rich, Berkeley L; Littleton
 Richards, Anthony; Delta
 Richards, Bruce C; Lakewood
 Richards, Robert B; Fort Morgan
 Richardson, David L; Denver
 Richardson, J William; Denver
 Richardson, Kenneth R; Lakewood; Littleton
 Richardson, Scott K; Westminster; Broomfield
 Richeaux, Kenneth A; Colorado Springs
 Richer, Michaleen; Denver
 Richman, Lee K; Wheat Ridge; Lakewood
 Rickard, Paul C; Boulder
 Rickman, Philip M; Denver
 Rider, Mitchell B; Denver
 Ridgway, Don N; Paonia
 Riegel, Cynthia A; Denver
 Rifkin, Ira; Denver; Littleton
 Riley, Conrad M; Denver
 Riley, John C III; Englewood
 Ringel, Marc; Greeley
 Ritchie, Darwin R; Canon City
 Ritchie, Gary L; Canon City
 Ritsick, Joseph A; Denver
 Ritzman, Vernon D; Wheat Ridge
 Roach, Susan I; Longmont
 Roark, Richard D; Fort Collins
 Roberts, Donald G; Lakewood; Golden
 Roberts, Donald M; Denver
 Roberts, Emil L; Pueblo; Fowler
 Roberts, Jerry R; Colorado Springs
 Roberts, John F; Englewood; Littleton
 Roberts, William A; Boulder

Robichaux, Val; Cortez; Durango
 Robinson, Walter G Jr; Wheat Ridge
 Robinson, Wm M M; Cedar Mtn NC
 Rodriguez, Jose L; Glenwood Springs
 Rodriguez, Vincent J; Arvada; Aurora
 Roesler, Paul J; Colorado Springs
 Roger, Sheldon; Denver; Englewood
 Rogers, Jean C; Denver; Aurora
 Rogers, William F; Colorado Springs
 Rohrer, H Hugh; Englewood; Littleton
 Rokicki, Robert R; Aurora
 Roller, Lothar K; Canon City
 Roller, Richard J; Denver; Golden
 Rollinger, Charles L; Littleton; Denver
 Rome, Clifford J; Greeley
 Romett, J Lewis; Colorado Springs
 Roney, Patrick J; Littleton; Denver
 Roos, David B; Denver; Littleton
 Roos, David Brian; Aurora
 Roos, Edith E; Denver; Littleton
 Roos, Richard K; Boulder
 Rose, Brian H; Lakewood
 Rose, Cynthia P; Colorado Springs
 Rose, Virgil J; Denver; Brighton
 Rosen, Gary B; Boulder
 Rosen, Peter; Denver
 Rosen, Reuven E; Denver
 Rosenberg, Alan L; Denver
 Rosenberg, Jonas S; Denver
 Rosenberg, Stuart G; Denver; Morrison
 Rosenberger, Alan B; Denver; Lakewood
 Rosenbloom, J L; Pueblo
 Ross, Clarence L; Burlington
 Ross, James R; Grand Junction
 Ross, Michael C; Denver
 Ross, Michael H; Arvada; Golden
 Rossi, Joseph P; Vail
 Rossman, Mitchel G; Boulder
 Roter, David L; Boulder
 Roth, Henry J; Denver
 Rothberg, Alan D; Aurora
 Rothgeb, Eric J; Aurora
 Rothhammer, Amilu S; Colorado Springs
 Rothman, David; Denver
 Rouge, Donn A; Pueblo
 Rowan, Aloysius I Jr; Aurora
 Rowland, Charles F; Lakewood
 Rowley, Mark C; Denver
 Rowley, Raymond D; Pueblo
 Roy, Charles E; Grand Junction
 Rubinow, Sidney D; Colorado Springs
 Robinson, Samuel M; Colorado Springs
 Rubinstein, David H; Denver; Englewood
 Rubright, Mark W; Longmont
 Rudd-McCoy, Nancy A; Thornton; Englewood
 Ruddleil, James W; Alamosa
 Ruddy, John R; Denver
 Ruderman, Jerome H; Denver
 Rudolph, Merritt C; Denver; Englewood
 Ruggera, Gary C; Durango
 Ruggles, Charles W; Colorado Springs
 Ruiter, Richard; Pueblo
 Rule, Ingrid K; Fort Collins
 Rumack, Barry H; Denver; Littleton
 Rumley, A S; Fort Collins
 Rumley, Ruth Jones; Fort Collins
 Rupp, Gerald R; Longmont
 Rusk, Harvey S; Pueblo
 Russell, Asela C; Aurora; Denver
 Russell, George R; Boulder
 Russell, Ruth K; Henderson
 Ruybal, Jacob A Jr; Grand Junction

Ryals, Jarvis D; Pueblo
 Ryan, Donald W; Lakewood; Golden
 Ryan, John P; Boulder
 Ryan, Michael P; Lakewood
 Ryan, Sonia C; Lakewood; Golden
 Ryan, Steven J; Denver
 Ryder, William H; Colorado Springs
 Rymer, Charles A; Denver

S

Sabel, John S; Englewood
 Saber, William L; Denver; Golden
 Sabin, Clarence W; Windsor
 Sable, Aaron W; Denver
 Sable, David L; Fort Collins
 Saccomanno, Geno; Grand Junction
 Sachs, Robert A; Littleton
 Sadler, Dean L; Lakewood
 Sadler, Jackson L; Fort Collins
 Sadler, John E Jr; Denver
 Sadler, Richard L; Pueblo
 Sadler, Theodore R Jr; Denver
 Safford, H R III; Denver; Englewood
 Salata, John R; Colorado Springs
 Salerno, Charles F; Pueblo
 Saliman, Alan E; Glenwood Springs
 Salimbeni, Julio C; Fort Collins
 Salmen, Paul A; Glenwood Springs
 Salter, William J; Boulder
 Salzman, Emanuel; Denver
 Sampath, Kulasekhar; Pueblo
 Sampson, John J; Colorado Springs
 Sampson, Lloyd S; Las Animas
 Samuelson, Stephen A; Denver
 Sandell, Thomas G; Salida
 Sanders, Barbara J P; Denver; Englewood
 Sanders, Richard J; Denver; Englewood
 Sandhaus, Robert A; Denver; Littleton
 Sands, Arthur C; Fort Collins
 Sands, Gary P; Denver; Golden
 Sanidas, John D; Denver
 Sankey, Noel E; Englewood
 Santaguida, Rik; Idaho Springs; Evergreen
 Santoro, John A Jr; Thornton; Broomfield
 Sarche, Michael A; Denver
 Sargent, Frank T; Englewood; Littleton
 Sargent, Robert A; Littleton; Englewood
 Sartorio, Ernest Jr; Denver
 Sassano, Eugene; Wheat Ridge; Golden
 Satt, James M; Rocky Ford
 Saunders, Daniel T; Arvada; Golden
 Sawyer, Joanna D; Denver
 Sawyer, Robert B; Denver
 Sayers, C Paul; Fort Collins
 Sayre, Robert L; Colorado Springs
 Sbarbaro, James A; Pueblo
 Sbarbaro, John A; Denver
 Scaer, Robert C; Boulder
 Scanavino, David J; Wheat Ridge; Evergreen
 Scarinzi, Hugo J; Flagler
 Schafer, Donald R; Loveland
 Schafer, Larry A; Wheat Ridge; Arvada
 Schaten, Robin L; Longmont
 Schaumburg, Edward G Jr; Greeley
 Schechter, Philip A; Littleton; Englewood
 Schemmel, Janet E; Denver
 Schick, Walter R; Denver
 Schiff, Michael; Aurora; Englewood
 Schiller, Carl F; Aspen
 Schiller, John E; Colorado Springs

Schilling, Donald H; Boulder
 Schlomer, Donald; Pueblo
 Schmalhorst, Brian K; Fort Collins
 Schmidt, Alden T Jr; Denver; Littleton
 Schmidt, Douglas R; Denver
 Schmidt, John J; Pueblo
 Schmidt, Philip M; Colorado Springs
 Schmidt, Robert L; Fort Collins
 Schmitt, Edward A; Colorado Springs
 Schmitt, Henry J Jr; Colorado Springs
 Schmitt, Oscar J; Denver
 Schmucker, Marion L; La Junta
 Schneider, Dieter W; Denver
 Schneider, Donald J; Denver
 Schneider, Herbert H; Pueblo
 Schneider, Michael J; Denver; Englewood
 Schneider, William A; Denver; Englewood
 Schocket, Alan L; Denver
 Schonebaum, Robert M; Englewood
 Schoo, Michael J; Montrose
 Schoolcraft, William B; Englewood
 Schoonmaker, Fred W; Denver
 Schorlemmer, Gilbert R; Pueblo
 Schrandt, Donald L; Denver
 Schreck, Walter R; Denver
 Schreiber, David P; Denver; Englewood
 Schrier, Robert W; Denver; Englewood
 Schroeder, Fredric A; Denver; Englewood
 Schuchman, Harvey A; Denver; Englewood
 Schuett, Michael C; Denver
 Schuler, Willard D; Thornton; Westminster
 Schulman, Eugene; Commerce City; Denver
 Schultz, Linda M; Glenwood Springs
 Schultz, Norman J; Wheat Ridge
 Schultz, R J Black; Pueblo
 Schultz, Randall R; Durango
 Schunk, Peter A; Colorado Springs
 Schutt, Robert C Jr; Colorado Springs
 Schwab, Irving H; Colorado Springs
 Schwappach, John R; Denver
 Schwartz, Arthur A; Aspen
 Schwartz, Jeffrey C; Greeley
 Schwartz, Kenneth A; Rifle
 Schwarz, M Roy; Chicago IL; Glencoe IL
 Sciotto, Cosimo G; Colorado Springs
 Scorza, William E; Denver; Lakewood
 Scott, Floyd E; Denver; Littleton
 Scott, Francis A; Denver; Englewood
 Scott, Gary A; Durango
 Scott, George E; La Junta; Fort Lyon
 Scott, Jeffrey R; Englewood; Castle Rock
 Scott, Sarah K; Denver
 Scott, Stephen C; Denver
 Scott, William A; Grand Junction
 Seagraves, Mary A; Colorado Springs
 Seale, William B; Boulder
 Sealy, David P; Colorado Springs
 Sederberg, James; Denver
 Seegers, Winnifred; Denver
 Seeton, James F; Fort Collins
 Segall, Neil C; Thornton; Denver
 Seibert, Charles E; Englewood; Littleton
 Seigel, Robert S; Denver; Golden
 Self, William G Jr; Westminster; Denver
 Sell, Dean J; Denver
 Sellers, Dilworth P; Colorado Springs
 Selner, John C; Denver
 Serfling, Clarence H; Oceanside CA
 Serota, Joseph F; Aurora; Englewood
 Service, William C; Colorado Springs
 Sethman, Harvey T; Denver
 Seybold, William R; Colorado Springs

eydel, Frederick K; Evergreen; Denver
hachtman, William A; Fort Collins
hahzadi, Mehrbanoo (Mary); Colorado Springs
hallow, James T; Colorado Springs
hand, J Alan; La Junta
hander, David; Denver
hane, James A Jr; Lakewood
hanks, W George; Grand Junction
hannon, Richard D; Montrose
hattuck, Robert C; Littleton
haw, Thomas J; Denver
healy, Stephen H; Littleton
hearer, Joseph M; Enid OK
sheehan, Mark W; Denver; Englewood
sheldon, Jonathan; Denver
shenk, Douglas C; Grand Junction
shenkel, Roger C; Grand Junction
sherbok, Bernard C; Denver
sheridan, E Paul; Denver
sherman, Joseph H; Scottsdale AZ
sherman, Joseph M; Brighton
sherman, Leon H; Lakewood
sherman, Morton E; Aurora; Englewood
sherman, Susan A; Aurora; Englewood
sherrod, Dale B; Longmont
shervin, Richard M; Colorado Springs
sherwood, Clifford; Colorado Springs
sherwood, Robert W; Fort Collins
shesol, Barry F; Aurora
shidler, Elmore J; Denver
shields, Lloyd V; Denver
shiffman, Richard N; Arvada
shiovitz, William D; Boulder
shipman, Karl H; Denver
shippert, Ronald D; Aurora; Littleton
shira, James E; Denver; Englewood
shoemaker, Larry D; Colorado Springs; Monument
shonk, John J Jr; Colorado Springs
shoptaugh, A Glenn Jr; Colorado Springs
shore, Roy H; Greeley
short, Rande K; Fort Collins
short, William F; Colorado Springs
shpall, Zachary I; Denver
shroyer, Joseph M; Pueblo
shulruff, Steven M; Denver
shwayder, Aaron J; Denver
shwayder, Montimore C; Denver
shwayder, Reynold I; Greeley
sides, Leroy J; Denver
siegel, Clifford H; Aurora
siegel, Gary L; Lakewood; Denver
siemsen, Gerald H; Portageville MO
sievers, Timothy M; Denver
sigler, Cynthia J; Denver
sikand, Gita S; Denver; Englewood
sillix, Patrick A; Grand Junction
sills, Theron G; Greeley
silveira, M Beatriz; Aurora
silver, Gordon S; Colorado Springs
silverberg, Stuart O; Westminster; Golden
silverman, Leonard D; Aurora; Denver
silvers, William S; Englewood; Denver
simerville, James J; Colorado Springs
simmons, Robert A; Fort Collins
simon, David C; Aurora
simon, Frederick S; Montrose
simon, John S; Denver
simon, John Jr; Englewood
simon, Robert B; Arvada
simons, David R; Boulder
simons, Herbert J; Denver
simons, Kenneth M; Grand Junction

Simpson, C Kelley; Englewood
Simpson, George R; Grand Junction
Sims, John A; Colorado Springs
Sindler, Marc A; Canon City
Singer, Charles J; Fort Collins
Singleton, Albert O III; Galveston TX
Singleton, Glenda; Denver
Sisson, Earl M; Greeley
Sitarik, Mark A; Boulder
Skeehan, Raymond A Jr; Denver
Skiles, Trudy A; Colorado Springs
Skrei, Richard P; Pueblo
Slagle, DeRoy W H; Pasadena CA
Slonim, N Balfour; Denver
Smail, W Carlyle Jr; Denver; Englewood
Smazal, Stanley F Jr; Englewood
Smernoff, Dean G; Denver
Smiley, John W; Denver
Smiley, Scott L; Pueblo; Pueblo West
Smilkstein, Daniel H; Steamboat Springs
Smith, Barry R; Denver; Littleton
Smith, Brian R; Denver
Smith, Bruce M; Fort Collins
Smith, Christopher F; Aurora; Englewood
Smith, Christopher J; Pueblo
Smith, Dale J; Denver; Golden
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Smith, Don B; Englewood; Denver
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Virtue, Robert W; Denver
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Vogt, Terry Ray; Evergreen
Voiles, J. David; Fort Collins
Volk, John W; Greeley
vonGunten, Charles F; Denver; Empire
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VonRueden, Robert K; Denver; Littleton
Voorhees, Kenton I; Littleton
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Vu, Thuan Q; Denver

W

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Wagner, R Paul; Alamosa
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Wainwright, Neil D; Pueblo
Waite, H Dennis; Denver; Littleton
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Warren, Darrell R; Aurora; Englewood
Warren, George H II; Denver
Warren, Herrick S; Wheat Ridge; Denver
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Wassill, Valerie M; Denver
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Watt, John E; Greeley
Watts, Thomas B; Aurora; Denver
Watts, Walter H; Security
Watz, Hallet N; Colorado Springs
Way, Kenneth E; Denver
Wayne, Eli R; Denver; Englewood
Weatherley-White, Roy C A; Denver
Weaver, James K; Glenwood Springs
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Weaver, Marlin E; Denver
Weaver, Robert H; Denver; Golden
Weaver, William D; Brighton; Lakewood
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Webel, Jacob; Grand Junction
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Weiss, Peter; Denver; Englewood
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June 15, 1988

Volume 85, Number 12

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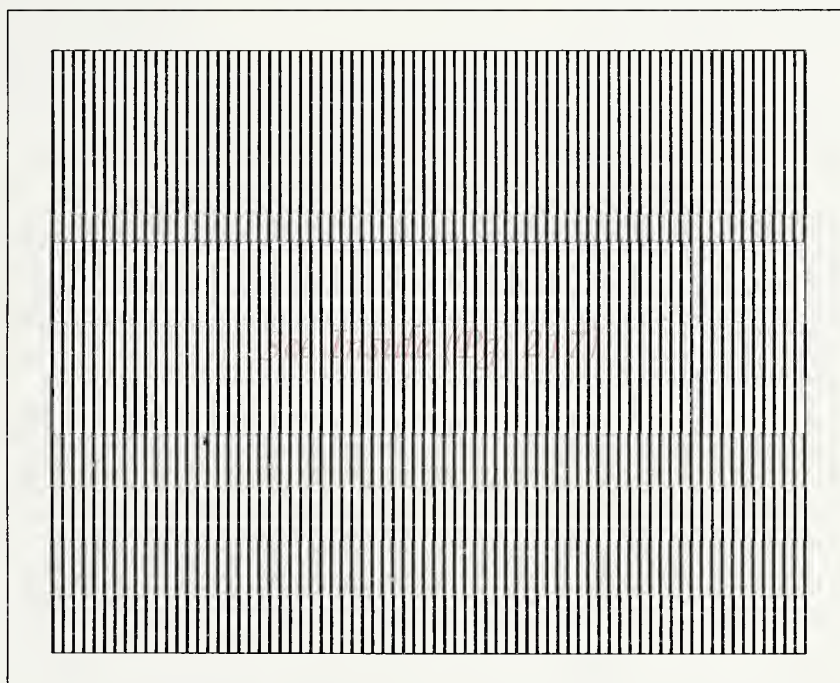
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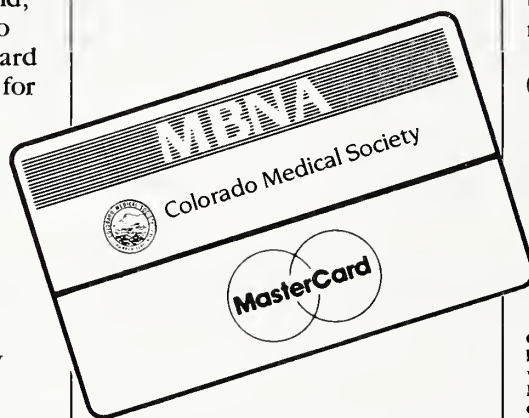
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The CMS Gold MasterCard offers you more travel-related benefits and services than any other premium credit card. Services that include: MasterAssist™ — a network of emergency medical and legal aid

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All this, and the recognition you deserve.

The CMS Gold MasterCard bears the endorsement of your professional association. Every time you use it, you will be recognized as an CMS member.

Call 1-800-847-7378

to request your card. Be sure to use the priority code BDQP when calling! Or, just complete and return the attached application to: MBNA, P.O. Box 15464, Wilmington, DE 19885-9440.

Certain restrictions apply to these and other benefits as described in the benefits brochure that will accompany your Premium Access Checks™. MasterCard® is a federally registered service mark of MasterCard International, Inc. MBNA® is a federally registered service mark of Maryland Bank, NA, a subsidiary of MNC Financial, Inc.

YES! I wish to apply for the CMS Gold MasterCard® account with credit lines up to \$15,000, and all other benefits described in this advertisement. I understand if I do not qualify for the Gold MasterCard Card, this request constitutes my application for the Silver MasterCard. † (Note: This is not an application for a corporate account.) (Please Print)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ BUS. PHONE () _____

ARE YOU: ☐ Renting ☐ Own ☐ Buying Monthly Payment \$ _____

SOCIAL SECURITY# _____

DATE OF BIRTH _____

EMPLOYER/NAME OF BUSINESS _____

POSITION _____ YEARS THERE _____

ANNUAL SALARY \$ _____ OTHER INCOME* \$ _____ SOURCE _____

* (Alimony, child support, or separate maintenance income need not be revealed if you do not wish it considered as a basis of repayment.)

MOTHER'S MAIDEN NAME _____

(For use when you request special action taken on your account)

CURRENT CREDIT CARD ACCOUNTS

My MasterCard® /VISA® Account # is _____

My American Express® Account # is _____

Previous address (Please complete if at current address less than 3 yrs.) _____

CITY _____ STATE _____ ZIP _____

PREVIOUS EMPLOYER (if less than 3 yrs.) _____ YEARS THERE _____

BDQP

I have read this entire application, agree to its terms, and certify the information is correct.

APPLICANT SIGNATURE _____ Date _____ (Seal)

01-173

04-517

If you wish an additional card issued to a co-applicant over 18 years of age complete the information below.

CO-APPLICANT NAME _____

RELATIONSHIP _____ SOCIAL SECURITY# _____

EMPLOYER _____ YEARS THERE _____

POSITION _____ ANNUAL SALARY \$ _____

OTHER INCOMES _____ WORK PHONE () _____

* (Alimony, child support, or separate maintenance income need not be revealed if you do not wish it considered as a basis of repayment.)

I have read this entire application and agree to its terms, and understand that I will be jointly and severally liable for all charges on the account.

CO-APPLICANT SIGNATURE _____

Date _____ (Seal)

I (we) authorize MBNA® to investigate any facts, or obtain and exchange reports regarding this application or resulting account with credit reporting agencies and others. Upon request I (we) will be informed of each agency's name and address.

†The ANNUAL PERCENTAGE RATE is 15.9% for that portion of the average daily balance (subject to FINANCE CHARGES) up to \$3,500 and is 14.9% for that portion of the average daily balance (subject to FINANCE CHARGES) greater than \$3,500. The ANNUAL FEE for the Gold MasterCard is \$30. The ANNUAL FEE for the Silver MasterCard is \$18. GRACE PERIOD: You will not be assessed a FINANCE CHARGE on purchases if you pay the New Balance Total each month by the Payment Due Date (25 days after the closing date). If this amount is not paid, FINANCE CHARGES accrue from the date of transaction. Cash Advances bear FINANCE CHARGES from the date of transaction. OTHER CHARGES: You will be charged an overlimit fee of \$15 if your New Balance Total on your billing date is more than 15% over your credit limit. You will be charged a late fee of \$15 if you fail to make required payment within 15 days after the Payment Due Date. You will be charged a return check fee of \$15 if a check submitted as payment is returned for any reason. (CMS)

colorado medicine

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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

Harold F. Frye, Executive Editor
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COLORADO MEDICINE magazine is the official journal of the Colorado Medical Society, but as such is also authorized to carry general advertising. Publication of any advertisement in COLORADO MEDICINE does not imply an endorsement or sponsorship by the Colorado Medical Society of the product or service advertised. Published articles represent opinions of the authors and do not necessarily reflect the official policy of the Colorado Medical Society unless clearly specified.

by Thomas Balkany, M.D., Chairman
Council on Legislation
and Carol Tempest, Director
Government Affairs Division



SB 143 - VOLUNTARY BINDING ARBITRATION AGREEMENTS

The Health Care Availability bill contains a provision for binding arbitration of any dispute as to professional negligence of a health care provider. The bill specifies that an arbitration agreement be a voluntary agreement between a patient and a health care provider.

All agreements SHALL have the following statement set forth as part of the agreement: "It is understood that any claim of medical malpractice, including any claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered or omitted, will be determined by submission to binding arbitration in accordance with the provisions of the "Uniform Arbitration Act of 1975", part 2 of article 22 of title 13, Colorado Revised Statutes, and not by a lawsuit or resort to court process except as Colorado law provides for judicial review of arbitration proceedings. The patient has the right to seek legal counsel concerning this agreement, and has the right to

rescind this agreement by written notice to the physician within ninety days after the agreement has been signed and executed by both parties unless said agreement was signed in contemplation of the patient being hospitalized, in which case the agreement may be rescinded by written notice to the physician within ninety days after release or discharge from the hospital or other health care institution. Both parties to this agreement, by entering into it, have agreed to the use of binding arbitration in lieu of having any such dispute decided in a court of law before a jury."

Immediately preceding the signature lines for such an agreement, the following notice shall be printed in at least ten-point, bold-face type:

Note: By signing this agreement you are agreeing to have any issue of medical malpractice decided by neutral binding arbitration rather than by a jury or court trial.

You have the right to seek legal counsel and you have the right to rescind this agreement within ninety days from the date of signature by both parties unless the agreement was signed in contemplation of hospitalization in which case you have ninety days after discharge or release from the hospital to rescind the agreement.

No health care provider shall withhold the provision of emergency medical services to any person because of that person's failure or refusal to sign an agreement containing a provision for binding arbitration of any dispute arising as to professional negligence of the provider.

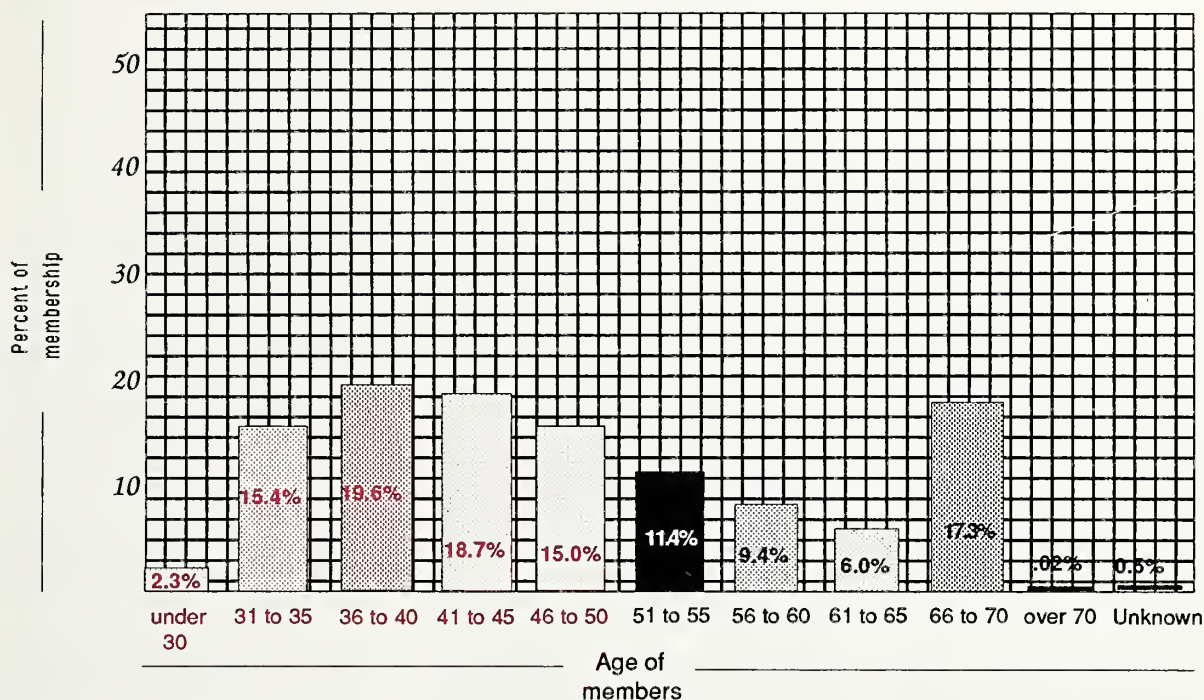
No health care provider shall refuse to provide medical care services to any patient solely because such patient refused to sign such an agreement or exercised the ninety-day right of rescission.

Once signed, the agreement shall govern all subsequent provision of medical services for which the agreement was signed until or unless rescinded by written notice. Written notice of such rescission may be given by a guardian or conservator of the patient if the patient is incapacitated or a minor. Where the agreement is one for medical services to a minor, it shall not be subject to disaffirmation by the minor if signed by the minor's parent or legal guardian.

The patient shall be provided with a written copy of any agreement subject to the provisions of this section at the time that it is signed by the parties.

CIM

Snapshot of Colorado Medical Society membership ...May 27, 1988



CMS: 116 years old and still get- ting younger

A recent CMS membership report giving a breakdown by age category yielded some surprising results. Statistics for the United States as a whole indicate that people over 65 are the fastest growing segment of the population. Despite perceptions to the contrary our Society does not reflect that trend, but is getting younger all the time.

Membership lists show that fully 71% of CMS members are 50 years young or younger. That's almost three quarters of the people who are working for better

medicine in Colorado. More than half (56%) are 45 or younger and over one third (37%) have not yet passed their 41st birthday. The other end of the age spectrum is another story. Fewer than one percent of the total membership are over 70, and only 2.3% over 65.

The youngest age at which one can qualify for most Senior Citizen discounts is 55. Only 17.6% of the members of CMS could meet that qualification. If you think of people over 60 as the older generation, you can only say it of 8.2% of the members of this Society.

Gender is another area where preconceptions fall by the wayside. Our computer does not list age and gender for everyone, but of those who admitted to it, nine percent were female. Everyone knows that CMS is made up of MD's and DO's, but did you know that a growing number of these physicians are women? CMS programs such as Young

Physicians, Women in Medicine, Residents and others reflect these escalating changes in the makeup of the membership.

Far from being an exclusive "good old boy" organization or a social club, CMS, according to the makeup of its membership, has the ability to be young, alive and to vibrantly effect changes in the practice of medicine in Colorado. If it is perceived as crusty and hidebound, perhaps it is because so many young physicians have abdicated the responsibility of leadership, requiring the old faithful workers to stand in the gap a few more years.

To move confidently into the 21st century will require a tremendous output of creative energy on the part of medical practitioners. Can that happen without a great deal of participation in CMS activities by the younger physician?

MEDICO-LEGAL NEWS

Prepared for the Board of Directors and members of Colorado Medical Society by the legal firm of Montgomery Little Young Campbell & McGrew, counsel to the CMS.

These articles are intended, in part, to alert the physician to potential problems with certain business relationships. Look before you leap and see your lawyer before you sign. The Colorado Medical Society does not provide legal advice and these columns are for general information only. For help with your specific problems, readers should consult an attorney.

ANTITRUST IN THE HEALTH CARE FIELD

Physicians Win \$100 Million in Damages in Antitrust Action Against IPA/HMO.

Last March, an Ohio jury awarded over One Hundred Million Dollars to 1,800 physician/plaintiffs who were members of an IPA/HMO known as ChoiceCare. The jury found against ChoiceCare and two individual physicians involved in its ownership and management.

The Plaintiffs alleged that all of the Defendants violated the federal antitrust laws by conspiring to fix prices at anti-competitive low rates. The jury agreed. The Defendants were also found to have violated federal securities and racketeering laws.¹

REPRODUCTIVE RIGHTS IN COLORADO

A Colorado Court says STOP to Regulations Restricting Family Planning Programs.

The law says that no U.S. money can be given to a program where abortion is a method of family planning. The Department of Health and Human Services (DHHS) passed a rule that even barred the use of federal money for counseling women about abortion. A U.S. District Court in Colorado² granted a temporary injunction barring DHHS from enforcing its rule. The court held there was probably cause to believe the rule is unconstitutional because it violates a woman's right to choose an abortion and to receive enough medical information to make that choice. It also probably violates the physician's right to give the patient necessary medical advice. The court held that since women have these rights, the DHHS couldn't prohibit the medical community from telling them about those rights. The effect of the rule was to eliminate abortion as an alternative for poor people, and that, said Judge Weinshienk, is not right. This won't be the final word until a hearing on the merits of the case.

COLORADO LEGISLATION

Major Legislation Concerning the Colorado Board of Medical Examiners Passes Through the House on it's Way to Being Law.

House Bill 1340 goes to the Senate soon and will probably pass. Here is the gist of the law:

1. The terms of all members of the State Board of Medical Examiners will be shortened from six to four years.
2. Foreign graduates of non-LCME accredited schools may be required to have three years of post-graduate education to be eligible for licensure in Colorado.
3. Unprofessional conduct has been further defined to include the following:
 - A. Fraud in the renewal of a medical license;
 - B. Prescribing, distributing or giving any controlled substance to a family member or to one's self, except in an emergency;
 - C. Failing to report to the BME any disciplinary action taken by any country, state, peer or review body, health care institution, professional or medical society, governmental agency, law enforcement agency, or

(Continued on following page)

Colorado Medicine for June 15, 1988

(Continued from preceding page)

any court;

D. Failing to report to the BME the surrender of any medical license or staff privileges while under investigation; and,

E. Failure by the physician to accurately answer the questionnaire which will accompany the application for license renewal.

4. The BME can discipline a physician informally by issuing a confidential "letter of concern" without a hearing. (This may be unconstitutional.)
5. The BME will report any license revocation or suspension to any hospital where the licensee has clinical privileges. Ditto for probation.
6. Any Colorado physician licensed who has responsibility for supervising residents and interns must report any violation of the Medical Practices Act committed by his charges and any resident or intern who is not progressing satisfactorily or who has been dismissed from the program.
7. The proposed legislation also provides for limitations of liability for peer review actions taken in conformance with Health Care Quality and Improvement Act of 1986.

References:

- 1: Thompson v. Midwest Foundation Independent Physician's Association d/b/a ChoiceCare, No. C-1-86-7844, U.S. District Court for the Southern District of Ohio, March 14, 1988 (Special Verdict), Health Law Digest, Volume 16, No. 4, Page 5;
- 2: Planned Parenthood Federation of America v. Bowen, No. 88-Z-158, U.S. District Court for the District of Colorado, February 24, 1988; Health Law Digest, Volume 16, No. 4, Page 51 (April 1988); SEE ALSO Massachusetts v. Bowen, No. 88-0253-S, U.S. District Court for the District of Massachusetts, March 3, 1988.

opic COMMENT

DEDUCTIBLE MALPRACTICE POLICIES

As premium costs have escalated for professional liability insurance, squeezing ever harder the profit margin in medical practices - especially in specialties such as Ob/Gyn, Neurosurgery and Orthopaedics, many methods have been sought to lower those costs. At first blush a deductible policy seems attractive, permitting premium savings at the front end in return for accepting some of the risk downstream. In a typical example an orthopaedist in his third year of a claims-made policy can reduce premium costs over \$5000 by taking a policy with a \$25000 deductible endorsement. As that policy matures in the fourth year, the front end savings are nearly \$6000/year.

One must remember, however, the additional risks involved in the deductible policy: a single \$25000 claim payment instantly erases five years'

worth of premium savings (in the example above), and places a sudden cash demand on every-decreasing practice resources. The risk of a suit for Orthopods in Colorado is slightly greater than 20% per year - making the odds slightly less than even that the deductible option will prove profitable - while the chances that an Obstetrician will have a suit in any year approaches 30%, removing all the potential glamour of the deductible savings.

For the lower-rated specialties - Internal Medicine, etc. - the risks of suit are much less, but the dollar savings are so low as to have much less appeal as a savings mechanism.

If you wish to explore this concept with the company, contact Frank Stretton or Harry Grant in the Underwriting Department, 779-0044 (WATS 1-800-421-1834).

NEW PHYSICIAN'S DIRECTORY FROM CMS

Look for your issue of the 1988 Physician's Directory to be mailed about June 15. This year's Directory is better than ever; more complete, easier to read, a valuable asset, the most-used referral source in Colorado.

Now is also the time to order any additional copies you wish. Quantities are limited and copies will be supplied on a first come, first served basis. Members may send \$25 + \$2 postage for each additional copy to:

Physician's Directory,
Colorado Medical Society,
P.O. Box 17550, Denver, CO 80217-0550.

Editor:

Some thoughts on malpractice:

The law has been passed to give the medical profession some space to deal with their insurance problems. The real test will be to see if the profession polices itself by preventing the gross outrages of blatant malpractice. The profession isn't doing it.

When I graduated from medical school in 1941, I returned home for a visit. This included a courtesy visit to the family physician. I well remember that conversation as he plainly stated "Well Jim, you now have a license to legally injure or kill anyone who seeks your advice. Mind you well that you don't, for it is easy to do. You may not even know you did it."

Truer words were never spoken.

Since my retirement from active medical practice I have reviewed many medical records. True, the records were referred because they represent problems. However, only two of them were referred because of suspected malpractice or mismanagement. The referral was for other cause but the malpractice was clear without concern for the actual reason of referral.

Let me list a few of the non-Colorado cases:

1. A young neurosurgeon consulted on a young man who had a 30% compression fracture of the 6th cervical vertebra. The patient was very comfortable in "tong" traction. He had no neurological impairment. Surgery was recommended and done. Following the anterior cervical spine surgery with exploration of the compressed vertebra and of course fusion, the patient awoke as a complete quadriplegic with the fifth cervical neurological level as the last preserved segment. There had been no recovery in eighteen months. The neurosurgeon, the medical director and the Board of Trustees are now sweating this one out in a southern state. Do you think they have a "ghost of a chance" to deny a multimillion dollar settlement before trial?

2. A 30 year old woman was admitted to a Texas hospital with abdominal pain as a complaint and viral enteritis as the diagnosis. She was given repeated doses of Phenergan and Demerol for her pain. Her physician was a board certified internist. She never had a rectal or vaginal exam until four days later when the surgical service was called to see her. Obstruction was immediately diagnosed. At surgery a perforated gangrenous bowel was found. The patient died of massive septicemia. Who do you think won that one?

*"...never operate
or cast if you're
leaving town that
afternoon or next
day."*

3. The moral in this one is to never operate or cast anyone's extremity if you are leaving town that afternoon or the next day. Having a partner care for the case doesn't count. They really don't know what you saw or did at the surgical table. This case is a young woman who had her knee operated and casted. The surgeon went skiing for the weekend. The cast was tight and she had pain. Demerol was ordered by the surgeon's replacement. By Monday when the surgeon returned there was irreversible damage to some of the muscles of the leg. The result was first a brace for a drop foot, then consultation by a different surgical group. Next, a muscle transposition for the drop foot. That weekend skiing trip turned out to be very expensive in terms of stress and money. It will never be forgotten by the initial surgeon.

The basic tenet has become so clear that even the oral surgeons are closing down their complicated extractions at noon on Friday if they are not going to

be immediately available over the weekend.

These are just a few of the many (cases) I have come across in a random sampling. I suggest that some consideration be given to allocating a bit of space in our monthly publication to publish a case of the month or some other title. Surround it with heavy black lines to draw attention. It would show the profession as well as any critics that we do recognize the problem exists and the membership is facing up to this in its publications.

Someone more articulate than I could probably condense the material and provide a pertinent punch line the reader will remember. The problem will not go away and the insurance problems may come raging back in a later session of the legislature.

I will be available to assist if needed.

T. James Dillon, M.D., M.P.H.A.

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SENATE-HOUSE CATASTROPHIC HEALTH CONFEREES ARE SUCCESSFUL IN THE ARDUOUS TASK of forging a mutual acceptable compromise bill. Up to the last of May any major breakthrough has been stifled by diametrically opposed views on whether benefits should be mandatory or voluntary. A second area that has commanded repeated attention in their closed-door sessions is ultimate outpatient drug provisions. One of the most critical decisions to be made in those provisions is whether the HHS Secretary should be given any authority that could lead to the creation of a formulary or restrict reimbursement for covered drugs. However, HHS Secretary Otis Bowen reported on May 25th that he would recommend to the White House the signing of the compromise bill that was finally hammered out in the weeks of meeting.

HHS Recommends Signing Catastrophic Health Bill

Final details of the measure were not yet available at C/M deadline. AMA and the Federation have made their views well known to conferees in efforts to discourage such restrictions that would act against patient interests and interfere with a physician's ability to exercise professional judgement in prescribing the drug of his or her choice. Once these two principal matters were resolved by conferees they moved swiftly to finalize their package. Last year enactment of a catastrophic bill appeared to be a virtual certainty, but enthusiasm since has waned steadily as members of Congress became increasingly aware of the potentially enormous costs of catastrophic benefits. Many elderly lobbying groups and individual members also have seriously questioned whether the added costs vs. limited new benefits ratio is sufficient to merit their support.

Colorado Medicine for June 15, 1988

RENEWED INTEREST IN THE AMA-GENERATED BILL TO BAN TOBACCO ADVERTISING AND PROMOTION was sparked May 16th when U. S. Surgeon General Everett Koop declared that nicotine "is just as addictive as heroine and cocaine." Immediately following the Washington, D. C. press conference where Dr. Koop discussed highlights of his annual report, several health groups favoring tough new restrictions on tobacco convened their own press conferences. In Denver less than one hour after Dr. Koop completed his comments, Colorado Department of Health Director Thomas Vernon, M.D., joined with Colorado Medical Society President Theodore R. Sadler, Jr., M.D., and other health care leaders to echo Dr. Koop's statement and to urge stronger prevention education and policies, to keep young people from starting the habit.

Attending the Washington press conference was Rep. Mike Synar (D-OK), sponsor of H.R. 1272 which would ban tobacco advertising. The Synar bill currently has 36 sponsors in the House of Representatives from 16 states and American Samoa. Four previous co-sponsors have withdrawn their support, presumably because of strong pressures from influential lobbying groups opposed to the bill.

In Colorado, Dr. Vernon said "We must insure that every child in every school in Colorado is educated about the health risks and addictive nature of tobacco use. He added that "every school curriculum should include education on the prevention of tobacco use, and warning labels on the addictive nature of tobacco use should be required for all tobacco packages and advertisements. Furthermore," Vernon said, "parents and other role models should discourage smoking and other tobacco use among young people." Colorado statistics show that lung cancer deaths among women are expected to overtake breast cancer deaths as the leading cause of cancer deaths in women in 1988. Lung cancer deaths for women increased 40% from 1980-1986.

GOVERNMENT SHOULD CONTINUE ITS HIGHLY EFFECTIVE POLICY OF DEVOTING NECESSARY RESOURCES TO THE HEALTH CARE SECTOR and avoiding establishment of any system that would be dominated by improper government intrusion, the AMA has advised the Joint Economic Committee of the U. S. Congress. The great advances that have occurred in the health status of the American people since the 1960s are directly attributable to that policy, AMA Trustee Joseph T. Painter, M.D., told the Committee. Painter testified at hearings on the future of health care in the nation.

"While expenditures for health care have greatly increased over the past 30 years, we urge you to keep in mind that the nation and its economy as a whole have received significant benefits from these expenditures," Dr. Painter said.

These benefits relate to improved health status, longer life expectancy and improved quality of life. Perpetuation of the present policy by Congress will help assure the continued high level of quality care provided by the nation's health care system and ready access to it. Some in industry are now concerned that fringe benefits costs place American business at a disadvantage with foreign competitors who have lower total labor costs. "It is unfortunate that the cost of meeting health care needs often is viewed today in competitive rather than human terms, with cost concerns in both the public and private sector becoming the paramount issue in the debate over the future of health care," Dr. Painter said.

Dr. Painter pointed out that physician services account for one-fifth of the nation's total health care expenditures. He added that even though critics say the health-care system is out of kilter based on its share of the gross national product, which has doubled in the past 25 years. He emphasized that to maintain health care costs at the 1960s level would mean that Americans would still be receiving 1960-level care.

board of directors condensed minutes

Condensed Minutes of the meeting of the Board of Directors at CMS offices, Denver, CO May 6, 1988

HEALTH DATA COMMISSION:	Ms. Ellen Stein reported that the Health Data Commission will not require a Severity of Illness system but will develop a uniform clinical data set instead. The Commission has asked CMS for assistance in choosing physicians to serve on a panel to establish this data set.
SCHOOL ATHLETICS:	Dr. George Thomasson reported that Dr. Don Cook, Chairman of the School Health and Sports Medicine Committee, has been doing a fine job in securing physicians to assist at school athletic events.
SMOKE-FREE SCHOOLS:	The Council on Community Health Issues is working with the Colorado School Health Council to achieve smoke-free schools.
INJURY PREVENTION:	The Injury Prevention Network is a new group in Colorado. They have a good work plan and are in need of support.
AIDS BOOKLET, INFORMATION:	OSHA has developed a set of guidelines as an enforcement of the CDC policy with regard to AIDS and the workplace. CMS will publish a booklet regarding this in the May 15 issue of Colorado Medicine. CMS will also be putting together a two-hour seminar; call Ellen Stein if you are interested or need further information.
RVS REVISED:	Beginning June 1 Workmen's Comp will begin revision of the RVS.
MEDICARE:	Medicare is making visits around the state concerning the Medicare changes.
PERSONAL CARE:	Approximately 1,200 CMS physicians have enrolled in the Personal Care Program. Representative David Skaggs is interested in doing a seminar jointly with CMS on Medicare.
SUIT SETTLED:	The Medicaid lawsuit between the Department of Social Services and Computer Sciences Corporation has been settled.
MEDICARE CONTRACT:	The Medicare contract for claims processing was put out for bid. BlueCross/Blue Shield of Arkansas was awarded the contract for Colorado.
DUES REBATE:	Approved establishment of a component society membership recruitment incentive program which will rebate 20% of the base dues (i.e., \$380 full-year senior dues) to the component society for each new member (new or has not been a member for the past year) elected; this will be implemented immediately and evaluated at the end of the one-year trial period.
INPUT ON RVS CHANGES:	Dr. Ray Painter reported that he is working with McGraw Hill, publishers of the RVS, on revisions to it. Dr. Painter is providing physician input and welcomes recommendations from any physician.
STRATEGIC PLANNING RETREAT:	The CMS Strategic Planning Retreat will be held May 20-22, 1988, at the Hilton Inn South. Board members are encouraged to attend the Friday evening session beginning at 7:00 p.m. where results of the member opinion survey will be presented.
INTERIM MEETING:	Approved holding the CMS Interim Meeting March 10-12, 1989, at the Hyatt Regency - DTC Hotel.
ANNUAL MEETING:	Approved holding the CMS Annual Meeting September 1989 at a resort site and evaluating the 1988 meeting before determining the 1990 site.
NEW DMS DIRECTOR:	Dr. Nancy Nelson announced that DMS has hired a new Executive Director, Mr. Steve Kelsey, who will begin June 1.

COLORADO MEDICAL SOCIETY YOUNG PHYSICIAN SECTION GOES TO AMA ANNUAL MEETING WITH RESOLUTION

NATURAL SCIENCES AMBASSADOR

WHEREAS, the technology and sophistication of modern medicine has evolved through advancements in the various disciplines of the natural sciences, and;

WHEREAS, the continued stature of American medicine and technology relies upon the achievements of scientists both present and future, and;

WHEREAS, in a recent evaluation of science aptitude, American seventeen-year-olds placed near the bottom of a seventeen country comparison including some third-world nations, and;

WHEREAS, fifty percent of Japanese scientists and engineers are under the age of thirty-five, while only twenty-eight percent of their American counterparts are of such age, and;

WHEREAS, the classroom can be a vehicle by which to captivate a student's attention and imagination, be it

RESOLVED, that the Young Physicians Section develop a project introducing scientist "ambassadors" into classrooms for the purpose of student enlightenment, with the intention of stimulating interest toward careers in the natural sciences.

The Young Physicians Section of CMS is developing two highly imaginative initiatives....taking "medicine" to the classrooms and tapping the vast resource of medical experts who are CMS members to take the message of medicine to the public.

In the first project, the YPS is carrying a resolution to the June Annual Meeting of the AMA in an effort to establish an on-going program to reach primary- and secondary-level students concerning the pursuit of studies in natural sciences. As the YPS leadership points out, there is a severe gap between U. S. and other country's educational achievements in the sciences.

This "Natural Science Ambassador" program is an exciting approach

Colorado Medicine for June 15, 1988

which fits hand-in-glove with the results of the CMS Strategic Planning Session, held May 20, 21 and 22 in Denver. One of the principal points made by the participating physicians was that organized medicine must take the initiative in reaching American children, primarily adolescents, with medical and health-care education as well as inspiration for these students to consider the pursuit of a medical profession. As has been pointed out by recent medical school statistics and the U. S. Department of Health and Human Services, applications to medical schools have decreased seriously during the last five years. In addition, physicians throughout the country are concerned with the "quality" of many of those applicants accepted to medical

school and the future protection of quality care.

THE SECOND PROJECT undertaken by the YPS is the establishment of a physician's speakers bureau to fulfill requests by members of the media and lay organizations for speakers on medical subjects.

As the result of a YPS resolution passed by the CMS House of Delegates at the March, 1988, Interim Meeting, YPS Chairman-elect Robert M. Bogin, M.D., is soliciting young physician members of CMS to participate. Dr. Bogin is asking that the physicians indicate their individual area of interest in an effort to compile a list of speakers to cover the broad range of health care topics. Dr. Bogin said the participant's names will be included in a master list which will, after checking of credentials, be maintained at CMS offices. Dr. Bogin has also suggested that the areas of expertise be limited to the individual physician's board-certified field.

Again, this is a project which coincides with the recommendations made by the Strategic Planning Session participants: Based on the need to better serve the patient community, organized medicine must become much more proactive in disseminating medicine's message...from the practicing physician's perspective.

Colorado Medical Society leadership is highly interested in this concept of public communication/education as proposed by the Young Physicians Section, and is supportive of the efforts, both at the Colorado and the AMA level.

Included in this issue of *Colorado Medicine* is a postage-paid return mail card to indicate your interest and/or willingness to participate in the speakers bureau project. Please, if you desire to participate or if you simply want to establish contact for future information, **complete the simple card and return it as soon as possible.** The Young Physicians Section will compile the information and present the program to the House of Delegates at the Annual Meeting in September.

ASSISTANCE FOR AIDS PATIENTS

Information on the Federal Retrovir (AZT) Grant

AZT GRANT INFORMATION

The Colorado Department of Social Services is administering a Federal grant to assist states in providing the drug AZT (Retrovir) to eligible patients with certain types of AIDS. For information on applying for the grant please call Bob Doyle, Medical Services, Colorado Department of Social Services, (303) 866-3176.

Medical Requirements (one of the following)

- Established medical diagnosis of AIDS.
- History of cytologically confirmed Pneumocystis Carinii Pneumonia.
- CD4 (T4 helper/inducer) lymphocyte count of less than 200 per cubic millimeter in the peripheral blood before therapy is initiated.

Need, Income and Resources Requirements

- Must meet the requirements for eligibility under the Colorado Medicaid Program.

How to Apply for Medicaid Eligibility

- Contact your local Social Security Office. If you qualify for the Supplemental Security Income (SSI) program, you will also qualify for Medicaid.
- Contact your County Department of Social Services.

Prior Authorization

A Prior Authorization Request form must be submitted to the Department by the prescribing physician, requesting that Medicaid, under this grant, pay for AZT. The completed form must be sent to:

Colorado Department of Social Services

Pharmacy and Ambulatory
Services

1575 Sherman St., 5th Floor
Denver, CO 80203-1714

The request must include the patient's name, address, birthdate, and Medicaid state I.D. number (if applicable). Only those patients who have Medicaid eligibility status will be considered for the drug.

For those patients who were receiving AZT through the Investigational New Drug (IND) program it is necessary to indicate

that the patient was receiving the drug and participating in the IND program. The State's request for Prior Authorization form must be used and may be obtained from the address noted above, phone 866-3176.

The Department will review the prior authorization request and notify the pharmacy, physician, and recipient of an approval or denial of the request.

If you do not qualify for Medicaid, there is a program that may provide the AZT drug to AIDS patients if they do not qualify for Medicaid and can show hardship.

Procedure:

The doctor or patient must request the application from:

Burroughs Wellcome

Patient Temporary Assistance Program
3030 Cornwallis Road
Research Triangle Park, NC 27709
Telephone: 1-800-334-4828

The application is a three part form. The physician and medical services worker must also sign the application and indicate medical necessity. AZT drug will be sent directly to the physician.

FOR THE PATIENT:

QUESTIONS AND ANSWERS ABOUT AZT

The following information is for persons who are not familiar with the latest research and development in the treatment of AIDS and qualifications necessary for a federal grant for AZT treatment.

Q. What is AZT?

A. AZT is a drug for the treatment of certain types of AIDS.

Q. If I have AIDS how may I receive AZT from the federal grant administered by the state Medicaid Program?

A. You must qualify as a Medicaid recipient and you must be diagnosed by your physician as having the type of AIDS for which AZT is effective.

Q. How do I qualify as a Medicaid recipient?

A. Contact your local Social Security Office; if you qualify for the Supplemental Security Income (SSI) program, you will also qualify for Medicaid, and Contact your County Department of Social Services immediately to determine what documents will be required for the application.

Q. How do I know if this drug is effective for me?

A. Your doctor will be able to tell you if your medical diagnosis is appropriate for AZT therapy.

Q. Do I need to do anything to get my request for prior authorization completed by Medicaid?

A. Simply have your doctor fill out the request for prior authorization form at the time you are diagnosed with AIDS.

Q. Can I get AZT at any pharmacy I choose?

A. Yes. However, you must decide which pharmacy you will use at the time the prior authorization form is completed.

Q. What can I do for the period between applying and being qualified for Medicaid?

A. If you live in Denver or Aurora, you should contact Denver Department of Health and Hospitals, Disease Control Service, at 893-7133.

If you live outside Denver or Aurora, you should contact the Pediatric Department at University Hospital, 270-5987.

Q. What if I don't qualify for Medicaid and I need financial help to get AZT?

A. You or your doctor can request an application from Burroughs Wellcome, Patient Temporary Assistance program, 3030 Cornwallis Road, Research Triangle Park, NC 27709, telephone: 1-800-334-4828.

If you have additional questions, please contact the State Department of Social Services AIDS TASK FORCE members, Donna Megeath, (303) 866-6159, or Timothy Brown, (303) 866-5407, or you may contact Bill Morck, (303) 866-6015, or Bob Doyle, (303) 866-3176 at the Department of Social Services, Pharmacy Section.

For patients:

Early Infection--AZT placebo study 893-7219



FROM THE COLORADO DEPARTMENT OF SOCIAL SERVICES

*by Dean A. Woodward, Manager, Physician Services- Medical Services
Colorado Department of Social Services
Sophia Gallegos, PCPP Coordinator,
Physician Services Section*

"...an ongoing physician/patient relationship, enhanced continuity of care..."

The Medical Primary Care Physician Program (PCPP) is a program designed to improve the delivery of health care services, with the added potential for containing Medicaid expenditures. Participating Primary Care Physicians (PCPs) act as medical case managers, directly providing primary care services and/or authorizing other necessary medical services. When indicated, PCPs refer their Medicaid patients to other medical and health care specialists.

PCPP goals include improving Medicaid recipients' access to mainstream medical care, and better directing their usage of medical services. The PCPP is based upon the ability of physicians to utilize their pivotal position to increase the effectiveness of the health care delivery system. Historically, this type of program has resulted in significant reductions in "doctor shopping," the misuse of emergency rooms for the provision of primary care, and the unnecessary duplication of laboratory and other services. The medical case management approach has many benefits for all elements of the health care system, including being a cost effective mechanism for providing higher quality care.

The PCPP was implemented state-wide in Colorado in 1983. The initial target population included AFDC (Aid to Families with Dependent Children) recipients. Improved allocations of health care services and cost savings of over \$4,000,000 per year have been documented for this group.

Effective February, 1988, the non-Medicare populations comprised of SSI (Supplemental Security Income) and OAP (Old Age Pension) recipients within Colorado were included to participate in the Medicaid PCPP. The Colorado Department of Social Services, Physician Service Section, began notification and registration of this group of Medicaid recipients in May, 1988. Presently, there are approximately 7,500 recipients within this group who are potential candidates for participation in the PCPP. The average cost for utilization of Medicaid services per individual in this population has been substantially higher than that for individuals within the AFDC population. Assuming that all members of this new group are enrolled in the PCPP, it is estimated that additional cost savings may be over \$1,000,000 per year.

There are currently more than 1,900 PCPs throughout the state, and more are needed to continue the successes of the Medicaid PCPP. Benefits for both physicians and patients include improved

access to medical care, the establishment of an ongoing physician/patient relationship, enhanced continuity of care, and the assurance of a higher quality of medical care. Additionally, the State offers a monthly case management fee to participating PCPs.

The Department wishes to thank those physicians who are participating Medicaid PCPs for their role in both assisting their patients toward better health status, and the State toward cost efficient care. If you are interested in becoming a Primary Care Physician, or would like more information about the Primary Care Physician Program, please contact:

Sophia Gallegos
PCPP Coordinator
Physician Service Section
Medical Services
(303) 866-2220

or

Sylvia Deering
Administrative Officer PCPP/SSI
Physician Services Section
Medical Services
(303) 866-2693

at the Colorado Department of Social Services, 1575 Sherman Street, Denver, CO 80203-1714

C/M

MEDICAL NEWS

UPDATE: COLORADO HEALTH DATA COMMISSION

In an effort to resolve issues regarding the timing of data collection and comparability of different severity of illness systems, the Colorado Health Data Commission has changed their proposed course of action. Rather than mandating the use of severity of illness systems for the collection of severity scores by hospitals, the Commission will collect underlying physiological findings of patients. The Commission is in the process of developing a Uniform Clinical Data Set (UCDS) which captures the physiological findings of patients and will be used as the guideline for the collection of data by hospitals. This data base will be used for the empirical assessment of severity-adjusted care outcomes. The Commission will determine expected outcomes (defined as the predicted results of care for a population of patients who have similar severity of illness) for providers. The predicted results which may be stated in terms of morbidity, mortality, and disability rates, and average case expenditures, will then be compared to actual outcomes of providers and across providers. Severity of illness will be determined by quantifying statistically weighted patient conditions found within the first two days of hospitalization.

The UCDS is based on the work of Dr. Henry Krakauer of HCFA. Dr. Krakauer is currently developing a Uniform Clinical Data Set for HCFA to be used by PROs for the empirical analysis of provider outcomes. In his presentation to the Colorado Health Data Commission Dr. Krakauer suggested that there are three perspectives for viewing quality of care. The ECONOMIC perspective focuses on patient and payer satisfaction measured by whether expectations have

been met. The MEDICAL/LEGAL view measures the process of care according to acceptable standards based on the clinical experience of practitioners. The BIOLOGICAL perspective looks at outcomes. Dr. Krakauer suggested that the empirical analysis of outcomes leads to standards which do not rely on clinical judgements. He also commented that collection of the UCDS by the Data Commission would provide a means for standardizing expected patient risk of adverse outcomes without mandating hospitals' use of a severity of illness measurement system. The Colorado Health Data Commission will explore the possibility of being a pilot site for the testing and development of HCFA's UCDS.

The Commission put together a panel of physicians to review and refine the protocols for the UCDS. The Commission also plans that a physician panel will review the results of their work regarding the assignment of weights to patient condition finding for use in development of severity of illness scores. The Commission plans to begin collection of data from hospitals for cases falling into 10 DRG categories in January of 1989.

The Colorado Medical Society has informally suggested that the UCDS be reviewed by a large number of physicians via the component and specialty societies. CMS has also suggested that the lengthy data set must go through a detailed analysis regarding validity, and cost/benefit before it is operationalized.

The Colorado Medical Society Task Force on the Data Commission will be meeting to review these activities with members of the physician panel on Tuesday, May 31. C/M



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MONTROSE FALL CLINICS ANNUAL MEETING

The Fall Clinics of Montrose Colorado will hold their 17th annual meeting September 23 and 24, 1988 at the Colorado Ute Conference Center, 1845 S. Townsend Avenue in Montrose. 10 CME hours will be available at the conference. Contact Kathy Holman for more information at the Montrose Community Hospital, 800 South Third Street, Montrose, CO 81401; (303) 240-7397.

Annual Meeting to be Held in Denver!

The 1988 Annual Meeting of CMS will be September 14, 15, 16, and 17, Wednesday through Saturday.

The meeting begins with a "Meet The Candidate Night" sponsored by COM-PAC and the Auxiliary on Wednesday, the 14th. Thursday marks the first session of the House of Delegates as well as the General Membership Meeting. Reference Committees will convene on Thursday afternoon and Friday morning. The Education Program will be held on Friday afternoon and will focus on the theme of "The Physician and the Family" and will include timely topics on drug abuse, teenage suicide and adolescent depression, and caring for the elderly. Saturday concludes the meeting with the final session of the House of Delegates. The CMS Auxiliary will hold its Annual Meeting in conjunction with CMS.

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PROJECT CARE

Support of Physicians & Families

by **Bunkie Inkret,**
Chairman, Project Care
Colorado Medical Society Auxiliary

"We all live with the objective of being happy: Our lives are all different and yet the same."

Anne Frank

It is believed that stress load in the physician family is second only to the married clergy's family. These occupations are lived 24 hours a day and they also create an atmosphere of perfection and high expectation of all family members.

However, within the life of activities, being surrounded by people, states of loneliness and even isolation occur.

The author of *Each Day A New Beginning* speaks of loneliness and isolation as a way to protect our insecurities because we do not have perfection in our families, and we can survive if no one knows who we really are and what we feel. When we hide our insecurities, they multiply.

She states in her book that the remedy is people talking to people; take the risk to expose our insecurities. To our amazement we will see how fully we are alike. We are not unique -- when we share a shortcoming it brings relief. When we share a fear and another says "I understand - that also happened to me," the burden of silence and secrecy is lifted. We are as sick as our deepest secrets.

Project Care exists to help physician families deal with stress!

We know medical families are not immune from pain; they must deal with problems faced by others in our society as well as those in the medical profession, including the fear and reality of malpractice litigation.

Project Care is designed as a peer network for support of physician families. Telephone someone on the Contact Network list. Confidentiality and anonymity are always honored. We listen

and we care. We can provide you with a list of professional resources available in the local community or put you in contact with a support group.

Project Care Contact List:

Colorado Springs

Carol Bengfort	598-7741
Ellie Williams	685-5119

Littleton

Susan Bowles	850-7323
--------------	----------

Durango

Judy Butler	259-0577
-------------	----------

Pueblo

Sharon Fowler	454-2201
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Aurora

Davey Gibson	366-2957
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Englewood

Janet Humphreys	758-3267
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Denver

Carol Michalek	832-5434
Jackie Rademacher	322-9313

Boulder

Beth Poynter	449-8534
Joyce Sowl	494-6058

Greeley

Anita Sprague	587-2375
---------------	----------

"There were deep secrets hidden in my heart, never said for fear others would scoff or sneer. At last I can reveal my suffering, for the strength I once felt in silence has lost all its power."

Diedra Saroult

colorado medicine

July 1, 1988

Volume 85, Number 13

MEDICARE CHANGES THAT WILL AFFECT YOUR PRACTICE

Univ of Marylandh
111 S Greene St
Baltimore MD 21201

Summary of Part B Changes
Passed by Congress
as of December 22, 1987,
effective in 1988

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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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John Meredith, Wine Columnist

Is wine healthy? Some is...and some isn't, according to the wine connoisseur. But is wine good for your health? That's a question many have tried to answer, both scientifically and historically.

John Meredith, well-known wine columnist for The Denver Post, will begin an interesting series on wines (and health) in the July 15 issue of *Colorado Medicine*.

Mr. Meredith is a graduate of the University of Colorado, is a member of the American Institute of Wine & Food, and a lifetime member of the Artists and Scholars Society of the University of California. He joined the Denver Post as Wine Columnist in 1985. Prior to that John served on the judging panel of the annual West Coast Wine Competition in Reno, Nevada, and has served as an American judge on the international judging panel of the Banco D'Assagio, a competition for Italian wines held annually in Torgiano, Italy. He has also addressed international wine audiences as a panelist/speaker at the Kapalua Wine Symposium in Hawaii and the World Wines Festival in Laguna Niguel, California.

John Meredith has been an organizer of wine tastings/auctions to benefit the American Cancer Society, The Colorado Heart Association, the Arthritis Foundation, the Listen Foundation and Children's Hospital, among others. Mr. Meredith also is a recognized appraiser of wine cellars.

Concerning human health and wine, look for the first of Mr. Meredith's contributions and his research, both medically and historically, in the July 15 issue of *Colorado Medicine*. We're sure you'll enjoy this new column.

C/M

to letters the editor

Editor:

While we must all recognize that "blatant malpractice" does occur in Colorado, and elsewhere, Dr. James Dillon's "thoughts on malpractice" in your recent *letters* section (June 15, '88, Vol. 85/#12) present a remarkable opportunity to comment on what probably represents the origin of a significant percentage of unwarranted malpractice claims against physicians. This origin lies in what we call the "uninformed, ignorant, incomplete" expert evaluation. Plaintiff's attorneys are especially adept at eliciting such opinions, by supplying to the consulted physician excerpted medical records, partial medical records, or just those things which support the plaintiff's side of any case. I fear Dr. Dillon has been a victim of this process, whether by planned or inadvertent means.

It is important for all physicians to assist in the evaluation of the quality of care rendered to individuals, but to render opinions on the existence of "malpractice" requires a substantially different standard in the evaluation process.

At a minimum, the physician rendering an opinion on standard of care should evaluate:

1. All medical records
2. The opinions of other consultants who have seen the patient
3. The patient himself, by history and physical examination and evaluation of the laboratory data
4. The actions of the treating physician by direct person-to-person contact with that doctor
5. Any other data or personnel who may provide meaningful commentary on the course of treatment
6. Subsequent treating physicians, if any

It would be extremely interesting to evaluate all of Dr. Dillon's "cases" on the basis of the above criteria, to see if he still comes to the same conclusions. It is incumbent upon us as practicing physicians to both police ourselves from a quality standpoint and to educate the public, the bar, and the courts that not all unsatisfactory outcomes in medicine reflect negligence in the care of patients.

K. Mason Howard, MD
Chairman/CEO
COPIC Insurance Co.

The COLORADO MEDICAL SOCIETY 1988 PHYSICIAN'S DIRECTORY

has been published and is in the mail. If you've not already received your copy (one per CMS member) you should have it within a few days. Additional copies are now available to CMS members at \$25.00 per copy plus \$1.50 postage and handling. Make check payable to

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MEDICARE CHANGES THAT WILL AFFECT YOUR PRACTICE

With so many changes occurring in the Medicare Program, it is difficult to keep track of the many new Medicare Part B payment rates, policies and requirements that affect your practice. To help you keep track, the following is a summary of Part B changes passed by Congress as of December 22, 1987. The changes are listed by effective dates or deadlines set by Congress.

APRIL 1, 1988

Maximum Allowable Actual Charge: MDs with a charge to a patient (whether Medicare or not) prior to the April-June 1984 base period may use that charge to calculate their MAACs. Also limits apply to the actual charge for each service, rather than on the average of claims.

Billing for Diagnostic Tests: Physicians are prohibited from adding a markup for diagnostic test services, such as ambulatory cardiac monitoring or diagnostic x-ray tests, performed by outside vendors.

Physician Payment Update: Through Dec. 31, 1988, payment for participating physicians will be increased 3.6% for primary care services and 1% for other services. For non-participating physicians, the increase is 3.5% for primary care and 0.5% for other services.

Overpriced Services: Prevailing charges for 12 "overpriced procedures" are reduced by 2% for April 1, 1988-Jan. 1, 1989. The prevailing charges are further reduced by a straight-line sliding scale up to a 15% reduction, without any cut decreasing the prevailing charge below 85% of the national average.

Laboratory Payments: Fee schedule is reduced by 8.3% for automated tests and for tests (except cytology) that were subject to the lowest charge provision. Payment ceiling for tests is equal to 100% of the median of all fee schedules, rather than the 115% ceiling.

New Physicians: Customary charges for most new MDs are set at no more than 80% of the prevailing charge. Customary charges for new MDs who practice in rural areas or who provide primary care services are set at the 50th

percentile of the weighted customary charge for all MDs.

Anesthesiologists: Formula for payment in supervising certified registered nurse anesthetists is modified. Base units (used in calculating payment) are reduced by 10% for two concurrent procedures, 25% for three concurrent procedures and 40% for four concurrent procedures. HHS is also required to establish a national, uniform relative value guide for use in paying anesthesiologists.

Lab Tests: Deadline for HHS to report to Congress on a national fee schedule for clinical diagnostic lab tests (provisions adopted October 1986).

PPS: Interim report on prospective payment system for ambulatory surgery is scheduled to be submitted to Congress by HHS (provision adopted October 1986).

Ophthalmic Ultrasound: Payment is limited to 5% of the prevailing charge for cataract surgery with intraocular lens implantation.

Conisurance Waiver: Physicians providing services in ambulatory surgery centers must begin charging the patient the copayment.

MAY 1, 1988

Variations in Classifications of Procedures: HHS is to report to Congress on carrier payment practices for MD claims. The department is to develop uniform definitions of MD services, including ancillary services, when possible, in the definition of a major service.

JUNE 1, 1988

Notice of Changes in Medicare Policy: Providers are entitled to obtain payment policies of fiscal intermediaries and carriers. Guidelines for payment of extended care, post-hospital extended care, home health care and durable medical equipment claims will be available within 30 days of a request. HHS is required to publish in the Federal Register, every three months, a list of all Medicare Policy statements.

JULY 1, 1988

Psychologist Services at Community Health Center: Clinical psycholo-

gists can collect direct payment for services provided at community health centers. Payment can only be made on an assigned basis.

Lens Implants for Cataract Surgery: Handling fee in the MD office is limited to 5% of the acquisition cost.

Certified Nurse-Midwives: Part B coverage extended to services of midwives. Fee schedule amount cannot exceed 65% of the prevailing charge that would be allowed if the service were performed by an MD. Payment can be made only on an assigned basis.

Dialysis: Guidelines for reuse of bloodlines are due.

Timeliness of Claims Payment: Quickest claims can be paid is 10 days in July 1 to Oct. 1, 1988 period and 14 days for the FY 89, beginning Oct. 1, 1988. HHS is prohibited, at least until Oct. 1, 1990, from making any policy change to slow down payment of claims.

Reviews and Hearings: Carriers and FI's are expected to complete within 45 days 95% of requests from providers for claim denial reviews; carriers and FI's are expected to make final determinations on 90% of fair hearings requests within 120 days.

Reports to Providers: PRO's must distribute a biannual report to providers on the type of cases in which the PRO has frequently judged care was inappropriate or unnecessary, services were rendered in an inappropriate setting or services didn't meet the professionally recognized standards of care.

SEPTEMBER 1, 1988

Hearings and Appeals: Hearings for denied claims will be handled by administrative law judges from the Social Security Administration (rather than from HCFA) until Sept. 1, 1988 or until HHS finishes a report on the fairness of telephone hearings to resolve Medicare claim denials.

OCTOBER 1, 1988

Outpatient Radiology Services: Payment for these (including magnetic resonance imaging and diagnostic ultrasound) is based on the overhead charges that would apply if the service had been

(Continued)

MEDICARE CHANGES

(Continued from preceding page)

performed in a physician's office. Payment is limited to a blended amount of the hospital's reasonable costs of providing radiologic services and 62% of 80% of the prevailing charges for participating MD's. On Oct. 1, 1989, other outpatient diagnostic procedures are included under the same aggregate limit, based on 42% of the prevailing charge.

Standards for DME Personnel: Durable Medical equipment suppliers who demonstrate equipment to Medicare patients must meet minimum training standards.

Therapeutic Shoes: HHS is to conduct a study to determine the cost effectiveness of providing shoes to a group of diabetic patients at risk of certain foot diseases.

Influenza Vaccine: HHS will begin a demonstration project to test the cost effectiveness of furnishing an influenza vaccine to Medicare patients.

Nurse Anesthetists: Certified registered nurse anesthetists to be reimbursed directly for their services, instead of only through physician practices (provision adopted October 1, 1986).

Outpatient Departments: Hospital outpatient facility fees change from 75%-25% blend to 50%-50% of what the hospital would get under the cost reimbursement versus the amount paid to a freestanding ambulatory surgery center (provision adopted October 1986).

DECEMBER 1, 1988

PRO Sanctions: HHS must report to Congress on improved procedures for imposing sanctions against a practitioner or person.

C/M

CMS ANNUAL MEETING

September 14 - 17, 1988
Marriott Hotel Denver City Center

See the Preliminary Schedule
in this issue

Old Fashioned Political Rally
"Spirit of '88"
6:30 p.m., Friday, September 14th

Educational Program on September 16th promises to be a standout.
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COPIC COMMENT

COVERAGE FOR LOCUM TENENS PHYSICIANS

It has come to the attention of COPIC's Policyholder Service Department that from time to time various specialty groups and/or individual physicians have used "locum tenens" physicians without obtaining proof of insurance coverage with a Colorado licensed insurance company.

If you or your group utilizes a locum tenens physician, be sure COPIC is so advised. If the locum tenens physician is in need of coverage while working within your practice, coverage can be obtained at a nominal charge. Please contact us with regard to the

application procedure for this coverage. For your benefit we suggest that you contact us in advance of the time you need the replacement physician as COPIC may not always be able to insure the physician of your choice. Also, we can verify coverage if your replacement physician is a current COPIC insured.

For information about locum tenens coverage or other general coverage information, please contact COPIC's Policyholder Service Department at 779-0044 or 1-800-421-1834 (outside the metro area).



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Medically Unnecessary Denials In Medicare Reimbursement

by Robert D. McCartney, M.D., Chairman
Medicare Advisory Committee

The Medicare Advisory Committee has previously discussed actions that members may take to avoid denials of reimbursement because of "lack of medical necessity". It is recognized that this is a short term solution to a much broader problem. There have been numerous calls from within the Society to bring about a more permanent solution.

The authorization for medically unnecessary denials comes from two sources, the defined benefits of the Medicare program and the statement in Title XIX stating that reimbursement is allowed "only for services that are medically necessary". This is reflected in the HCFA 1500 claim form where space is allowed to place a diagnosis for each procedure code. Benefits of the Medicare program are limited to services for medical illness, with very limited benefits for periodic screening. What has changed with the implementation of the denials is a more stringent enforcement of the requirement of a justifying diagnosis for the treatment, and the compilation of a list of accepted diagnoses for each procedure. The former action is within the purview of HCFA in the administration of the program. The latter must be suspect and constantly reviewed for its medical accuracy and appropriateness.

The impacts of physician compliance with the program are several. The processing of appeals for claims denied for lack of medical necessity has created a backlog of appeals of other types. The denials are undoubtedly causing a further disincentive for preventive health measures to seniors. There was

an initial barrier because the services were not covered benefits; this barrier is heightened by physicians reacting in anticipation of denials. The denials have also brought to light inadequacies in the CPT-4 coding system in their ability to accurately describe the nature of physician services. Services, such as "step-down care" (transitional care), cannot be adequately coded by CPT-4 to describe the level and necessity of care.

Perhaps the more pressing of the impacts, however, is the increased sophistication required of the coders in the doctor's office. In order to comply with the program either the physician or a specifically trained coder must be involved to insure that the claims are completed properly. Once HCFA has succeeded in obtaining more detailed data regarding diagnosis and justification for diagnostic procedures, what further actions can be anticipated as they analyze the data? Will our efforts to better complete claim forms be the foundation of the next cost containment program? Certainly this information could be used in analyzing the elimination of the regional variations in the use of consultative and diagnostic procedures for a given diagnosis.

Unfortunately, I see no benefit arising from a civil disobedience approach to the problem. To refuse to make demanded refunds, to refuse to file appeals, to refuse to comply with the more intense coding will only result in the undesirable outcomes of possible sanctions and of further disenfranchisement from seniors. Demands for chart review to determine medical necessity are unlikely to be successful, as that calls for another level of sophistication of re-

view. This would result in judgments as to the accuracy of the coding process, a question that is not currently being posed.

The inadequacies of CPT-4 cannot be focused at the government. It was developed by and remains the copyrighted property of the AMA.

The only workable solutions the Medicare Advisory Committee have discovered are an ongoing survey to determine that the ICD-9 codes determined by HCFA to be appropriate for a given procedure are indeed medically appropriate, and to work for improved benefits for periodic screening in the elderly. Most of the claims reviewed have shown coding problems by physicians. Several examples of inappropriate denials have been discovered. To allow us to do this analysis we need a copy of the denial letter and a copy of the original claim voucher. This review is critical in dealing with this problem.

The Medicare Advisory Committee continues to work with seniors on our Medicare Seniors Coalition. Discussions of broadened periodic screening are building bridges with these groups. Whether the discussions can actually result in broadened Medicare benefits in this period of cost containment remains to be seen.

The Medicare Advisory Committee encourages your continued input into this and other complex Medicare issues.

C/M

jail health care

PROJECT UPDATE

The Jail Health Care Project of the Colorado Medical Society hosted the June 15 meeting of the Rocky Mountain Correctional Health Services Association, and saw some lively discussion on health care issues in correctional settings.

The meeting was held in the CMS board room and featured Donna Heath, R.N. of the Colorado Board of Nursing, along with Mr. Michael Simmons of the State Board of Pharmacy. At issue was the question of who can legally administer medications to inmates in a correctional setting.

Ms. Heath explained that giving a medication to a prisoner under the orders of a physician is a delegated medical function, and as such cannot be further delegated by the nurse. This means that a jailer or guard could not give the medication to the prisoner without violating either the Nurse Practice Act (if under the orders of a physician and therefore acting as a nurse without a license or under the supervision of a nurse who is then violating the Act) or the Medical Practice Act (if not under the orders of a physician and therefore practicing medicine without a license). She did not think it likely that charges would be filed unless someone made a formal complaint with the Nursing Board. Ms. Heath indicated that such a violation would have to be passed on to the Attorney General's office for possible prosecution. However, she did indicate that the Nursing Board is genuinely interested in helping

to rectify a situation which has become a sore point for health care in jails.

Simmons told the group that a jail can apply for registration as an "other" outlet under pharmacy regulations and store and dispense bulk medications just as a small hospital might with the same designation. The only possible violation of pharmacy laws might occur when a jail re-packages medications for later distribution, creating a temporary condition of "misbranding", however he indicated that this was not a big problem as long as it was only for the time between removing bulk medicines from containers and passing them to prisoners. A parallel occurrence happens when a hospital nurse stocks a medication cart for distribution to patients.

A sub-committee of the RMCHSA will be looking into these issues further in an effort to develop potential solutions to the problems of dispensing and administration of medication.

The Medical Society has an ongoing interest in fostering better health care in jails through the Jail Project (funded through the Division of Criminal Justice) and through organizations like RMCHSA, which is composed of health care professionals and interested parties who work in correctional settings or with jail inmates. The group would be happy to receive input from physicians and other health care professionals. For more information, call the Jail Project, Ellen Stein, Coordinator, at (303) 779-5455, or write in care of CMS.

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MEDICAL NEWS

Colorado Board of Health - Quality Management Program: Incident Re- porting Regulations

After two years of deliberations, the Colorado State Board of Health passed regulations requiring health facilities to report certain critical incidents to the Colorado State Department of Health (CDH). These regulations are the third part of a three phase quality assurance program implemented by the CDH.

In November of 1987 the Board passed regulations requiring all licensed health facilities to adopt and implement quality management programs in an effort to assure the existence of working programs to review and evaluate the quality of care provided. Plans for QM programs must be approved by the Department. Guidelines which outline the requirements for approved QM programs have been sent to licensed health facilities along with a request that plans be submitted to the Department by July 1, 1988. The plans should contain: description of types of risks and problems to be reviewed; identification of personnel responsible to coordinate QM functions and report to the governing body; means for a systematic reporting to a designated person; means to investigate, analyze, correct, follow-up, and prevent recurrence of both individual problems and patterns of problems; means to coordinate QM activities with other internal QA activities, a system to document the QM activities; and a schedule for implementation of the plan.

At earlier Board of Health hearings on the proposed incident reporting regulations both the Colorado Hospital Association and the Colorado Medical Society testified as to the need for legislative protections of confidentiality and immunity before providers should comply with incident reporting regulations. The Board held passage of the incident reporting regulations until the end of the 1988 legislative session in order to allow time for the passage of

such a bill.

In April, the Colorado legislature passed H.B. 1037: Concerning Protections for Quality Management Functions of Health Care Facilities. This statute, which provides that "quality management information relating to the evaluation or improvement of the quality of health care services shall be confidential and persons performing such functions shall be granted qualified immunity," is the second phase in the CDH QA strategy and the precursor to the passage of the incident reporting regulations. CMS attorneys worked actively with CMS and CHA to ensure that the legislation contained necessary protections.

The Incident reporting regulations will be passed by the Board of Health at its June meeting and will go into effect August 1, for those facilities with approved QM plans, and by December 1 for all facilities. The purpose of the regulations is to increase the ability of the Department of Health to obtain timely information about critical incidents in health facilities in an effort assure that licensed health facilities are minimizing risk and providing quality care. If you have questions about the details of these regulations or their implementation, please contact your hospitals or Ellen Stein at the Medical Society.

A LOOK AT PHYSICIAN MANPOWER DISTRI- BUTION WITHIN COLORADO

The issues surrounding access to care in rural Colorado are being raised with increasing frequency. The problems include access for specific populations such as the Medically Indigent and Medicare eligible, availability of specialty care such as Obstetrics, and in many areas limited availability of medical care of any kind. National Health Corp Services, one of the solutions relied on in the past to get physicians to underserved areas of the state, was tem-

porarily discontinued. As in the past, there continues to be a question as to how to get and keep physicians in these areas of the state.

In an effort to address some of these issues, the Physician Manpower Distribution Task Force was created. The Task Force is a forum for the many organizations interested in looking for solutions to these problems. The Task Force has the potential to be a clearing-house for information as well as a group which can take on a project to address at least a partial solution to the problem.

Highlights of the Task Force meeting of April 28, 1988 follow:

Loan Repayment Program — The Federal Government will subsidize up to 75% of the cost of state-sponsored loan repayment programs. Although Colorado does not currently have such a program in place, the Colorado Community Health Network is reviewing the potential for development of such a program.

Locum Tenens — The major considerations for development of a *locum tenens* program include: availability of a pool of physicians for referral; incentives and disincentives for the practicing physician, the *locum tenens* physician, and the community; the details of administration of such a program; potential professional liability coverage issues.

The Family Practice Residency program in Northeastern Colorado has an active "moonlighting network" which provides *locum tenens* for weekend coverage. While there may be limits to the coverage this program can offer, any newly established broader based *locum tenens* program would benefit from coordinating with this existing network.

It was noted that *locum tenens* provide inexpensive labor for underserved communities, while creating an incentive for physicians to come to that community. Residents also bring with them from their training, up to date information regarding basic quality of care issues. Often this influence carries over to

(Continued)

MEDICAL NEWS

(Continued from preceding page)

the extent that communities are now upgrading facilities and equipment in preparation for incoming family practice residents. The opportunity for participation in *locum tenens* programs offers residents a method of offsetting their financial obligations. *locum tenens* also play a role in increased referrals for a community.

Medical Malpractice — The actions of the insurance commissioner and the recently passed tort reform package may have the effect of creating a grace period without the high premium increases which have been driving physicians from practice. It also allows time to study the impact of practicing within risk management guidelines on the number and cost of malpractice suits.

Rural Community Recruitment of Physicians — Incentives for physicians to practice in rural Colorado are largely based on what the community has to offer, which must be decided upon by the community itself. Physician recruitment however, may not be an option for all areas and other options must be explored. The effectiveness of the activities in Iowa were noted.

Use of Residency Programs — Report on the compendium of Health Professions Distributions Programs was reviewed. Suggestion was made that one way to address the problem of health care in rural Colorado is to create an Office of Rural Health which would coordinate under one roof all elements addressing this problem.

The need for a multi-faceted solution to this issue was reiterated.

A proposed work program will be developed for review and input at the next meeting.

C/M

"PERSONAL CARE PROGRAM" QUESTIONS AND ANSWERS

Colorado has now enlisted nearly 1600 physicians in the Personal Care Program, our answer to mandatory Medicare assignment. If physicians are indeed alert and sensitive to the financial vulnerability of our patients, who then is to be served by the legal mandate?

Several questions about PCP have been posed by Colorado doctors:

1. Do I need to join if I am already participating? Yes. Your decision to participate shows a sensitivity to your patients' needs, combined with a practice style and composition that economically permits you to participate. You should still choose to be counted among the physicians with an economic consciousness and who wish to retain the choice of participation or nonparticipation.

2. I'm not sure my practice is up to assisting all of my Medicare patients with the paperwork necessary to file claims. Does this exclude me from PCP? All Medicare doctors are ethically bound to provide their patients with the necessary information to file claims for services and to assist them in obtaining the maximum reimbursement to which they are entitled. This includes the proper ICD-9 codes and CPT-4 codes. Furthermore, with the advent of "medically unnecessary denials", you are liable for a denial should your patient err in the completion of the form.

3. What is the time commitment for enrollment in the Program? One year. At the end of one year CMS will notify you for renewal.

4. Does the PCP have an impact on the patient's Medicare supplemental insurance? No, the two function independently. However, you will want to consider the patient's supplemental insurance when attempting to assist a patient experiencing financial difficulties.

5. I rarely see Medicare patients, either because of my practice location or my speciality. Should I still join PCP? Nearly all of us see a Medicare patient at some time, even pediatricians. Joining PCP should depend upon philosophical agreement with the program,

not on the volume of services you provide.

6. Without a means test, won't patients cajole me into accepting assignment? They may try, but the communication needs to go in both directions. A means test would certainly simplify and objectify the program, but is a politically unwise move at this time. AARP for one is vehemently opposed to means testing because they view that as turning an entitlement program into a welfare system. Were seniors to offer a reasonable means test, we would probably adopt it. South Carolina has just acted to modify their PCP in this fashion, with seniors administering the means test.

7. How will PCP be publicized to Medicare patients? Through senior organization liaisons such as AARP and United Seniors, and through senior newspapers like the Senior Edition and the Senior Beacon. Additionally, each physician who enrolls will receive a PCP kit (the initial kit is free) which includes materials to display throughout his or her office and to distribute to patients.

8. What if my patients bring Medicare claim forms from my consultants and ask me, a PCP, to complete them? You are under no obligation to do so, but any time you render assistance to a patient, tremendous PR is gained.

9. With Medicare sanctions, denials, and restrictive rules, I don't want my Medicare practice to grow. Will PCP expose me to a new influx of Medicare patients? The Colorado Medical Society at present has no intention of releasing the names of PCP doctors to inquiring seniors. Seniors are directed back to their own doctor to inquire whether he or she is a member. Should the CMS decide to release names of participants in the future, it would only be with the consent of each doctor.

Hopefully, these answers will assist in your decision about PCP. The program is not perfect and there will still be patients and doctors who won't be properly served. But it is emphasized that the only reasonable solution to the affordability of health care is communication.

C/M

A WORD OF CAUTION TO ALL PHYSICIANS

It has recently been brought to the attention of CMS that an individual in the Denver area has presented to her employer, as evidence of her professional credentials, a replica of a certificate issued by the National Commission on Certification of Physician Assistants, Inc. (NCCPA). Normally, the NCCPA awards certificates based on the successful completion of the Physician Assistant National Certifying Examination.

Although the text and format of the certificate appear to be legitimate (with the exceptions that the style of calligraphy is not that used by NCCPA and the certificate numbers shown are not that of any certificate issued by NCCPA), NCCPA records indicate that this person is not now, nor has she ever been, certified by its organization. In the future, should any individual present a document to you which indicates he/she passed any examination administered by NCCPA, please contact the National Commission on Certification of Physician Assistants, Inc. (404) 493-9100.

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FOURTH ANNUAL COLORADO TRAUMA CONFERENCE

CMS will join with the Colorado Trauma Institute, the Colorado State Board of Nursing, and the EMS Division of the Colorado Department of Health as a co-sponsor of the

**1988 Colorado Trauma Conference,
to be held August 4-6.**

According to organizers, the symposium is designed to emphasize the team approach to care of the trauma patient. It will provide a continuing education opportunity for those whose expertise lies in the area of trauma: Physicians, nurses, pre-hospital personnel, firefighters and search and rescue personnel. Presentations will address the latest techniques in trauma care, current trends, theories, controversies and procedures.

The Colorado Trauma Institute, primary sponsor of the event, was created as a non-profit organization in response to a proposal by the Colorado Department of Health's EMS Division, to improve management of acute trauma. It contains four divisions; Education, Research, Patient Care and Trauma Facilities. Each is directed by a health care professional who is expert in that field, and the EMS division Director of CDH is still a permanent observer on the board of directors of the institute.

The institute functions as a consortium of hospitals and serves as a forum for the improvement of acute trauma care in Colorado. It was originally founded by Denver Health and Hospitals, Saint Anthony Hospital Systems, and the University of Colorado Health Sciences Center. It is managed by Linda D. Metcalf, Executive Director.

(Washington, D.C.6/27/88) **MEDICARE REIMBURSEMENT FOR CERTAIN TYPES OF SURGERY AND OTHER SPECIALTY PROCEDURES COULD BE REDUCED 20-30 %** under the Resource-Based RVS proposal now being finalized by William Hsaio, PhD, an economist with Harvard U.'s School of Public Health who is overseeing the Congressionally mandated study, provided that perspective at a Washington press briefing June 21. Dr. Hsaio said it appeared that office visits made to internists and family physicians for medical evaluations or other nonsurgical treatment would be reimbursed relatively better than they are now. Harvard is scheduled to deliver its study to the HHS Secretary next month. If the concept is implemented, changes would be made "incrementally," Dr. Hsaio said. Present physician fee levels, he said, have been distorted by traditional patterns of health insurance coverage and by other factors. "Within the medical community, there is a strong perception that the fee structure is irrational," he stated. "We want to remove distorted incentives." Congress called for the study two years ago in its quest to find ways to reduce reimbursement for medical fees which have been rising at an annual rate of 15%.

Believing that Dr. Hsaio's press briefing and comments regarding study's professionally sensitive recommendations were premature, James S. Todd, M.D., AMA's Senior Deputy Executive Vice President, issued this statement for response to press inquiries:

*The NEW YORK TIMES
incorrectly reported that
AMA had endorsed the
RVS.*

*AMA asked that the error
be corrected.*

"The American Medical Association is concerned that Dr. Hsaio commented so substantially on significant portions of the Relative Value Scale study before its presentation to the Health Care Financing Administration under whose contract he has been working.

"The AMA position has been and will be that physician reimbursement must be equitable, predictable and reasonable. The AMA's role has been that of a subcontractor supplying information for the study.

"The AMA has not endorsed the study...nor will it endorse the study until a thorough review of the results has been accomplished by the Association in consultation with the medical specialty societies."

The New York Times incorrectly reported that AMA had endorsed the RVS. AMA asked that the error be corrected.

NEARLY 700 HOSPITALS SAY- THEY ARE AT RISK OF FAILING WITHIN THE NEXT FIVE YEARS, primarily because they are losing money on Medicare patients, a national survey of 5,600 hospital executives has revealed. Fears that they may be compelled to close were especially high among hospitals having less than 100 beds. In responding to a survey conducted by Touche Ross & Company, an accounting and management consulting firm, 63% expressed such fears. That was considerably higher than the overall 48% of all 1,419 respondents who indicated they are vulnerable to failure. In the past two years 150 community hospitals have closed. Commenting on the survey results, Michael D. Bromberg, Executive Director of the Federation of American Health Systems, said, "We think several hundred hospitals will close in the next five years." Alexander H. Williams, Senior Vice President for the AHA, said, "It is clear that if the present attitude of Congress toward Medicare continues, even the most resilient of hospitals will be hard-pressed."

At highest risk of closing are small, rural and government-owned hospitals in Arkansas, Louisiana, Oklahoma and Texas; hospitals in New England; suburban hospitals and hospitals owned by religious organizations, the survey revealed. Hospital rates are at an all-time low. Average occupancy of less than 50% was reported by 46% of the respondents.

(Continued on following page)

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AN AIDS TESTING AND COUNSELING BILL THAT WOULD IMPOSE SEVERE PENALTIES FOR VIOLATING THE CONFIDENTIALITY of test results Wednesday was reported by the House Energy and Commerce Committee. Chief objective of the measure is to encourage greater voluntary testing that proponents believe is essential to reduce spread of the fatal ailment. The AMA, other physician organizations and the American Nurses Association have been strong supporters of the proposed legislation. It would provide \$400 million in grants to states, hospitals, clinics and health centers that would permit them to expand their testing programs. All who take the test would be required to receive counseling emphasizing safe sexual practices. Anyone who breaches confidentiality provisions would be subject to a \$10,000 fine. States would be required to test individuals convicted of prostitution, sexual assault or crimes related to intravenous drug use. The bill, H.R. 4757, will now go to the full House, but no date has yet been scheduled for the floor vote.

REP. WALTER FAUNTROY, THE DISTRICT OF COLUMBIA'S MEMBER OF THE HOUSE, HAS BECOME THE FIRST DEMOCRAT TO COSPONSOR H.R. 4455, the AMA-initiated bill to restructure the Medicare program. The new bill has three Republican cosponsors. Rep. Charles Rose (D-NC) is the sponsor.

A RECORD RATE OF MEDICARE ASSIGNMENT—78.7% OF ALL PAID CLAIMS—WAS ATTAINED BY PHYSICIANS and suppliers during the first quarter of 1988, HCFA has reported. That rate readily surpassed the 76.9% rate recorded for the last quarter of 1987, the previous high.

C/M

A BASIC BENEFITS PACKAGE, THE PRODUCT OF UNUSUAL-LYBROAD-BASED INPUT, HAS BEEN DEVISED BY THE HEALTH POLICY AGENDA to set a national standard for public and private benefits plans. Details regarding the package will be publicly announced next Monday during AMA's Annual Meeting. Health insurance benefits specified in the basic package were developed by representatives of labor unions, business, health care professionals, hospitals, insurance companies, government and patients. They include essential coverage for three types of care—prevention and health promotion, acute and chronic. "The Basic Benefits Package is significant because this marks the first time that the groups closely involved with the issue—people who pay for, deliver, administer and negotiate health benefits—have reached consensus on a plan that satisfies their different points of view," said Diane B. McCarthy, chairperson for the HPA Implementation Committee.

The Basic Benefits Package is the first product developed by the HPA in its implementation phase. It was forged by a committee headed by Scott H. Matheson, former Governor of Utah. The HPA, formed in 1982 under the leadership of the AMA, is comprised of 172 organizations and public bodies who collaborated in fashioning a consensus approach to formulation of short- and long-range health policy to satisfy public needs while making the best use of scarce resources. The next major project of the HPA is to develop national standards for Medicaid that would result in uniform eligibility, benefits and payment mechanisms among the states. Its recommendations are expected to be announced next fall.

THE NATION WILL HAVE 115,000 MORE PHYSICIANS, A GAIN OF 22%, BY THE YEAR 2000 based on current trends, AMA's Center for Health Policy Research projected in a new report released yesterday. That would bring the active U.S. physician population to 633,000. Approximately one-fourth of physicians then will be women. Their numbers will increase by 91.9% from about 80,000 to 153,000. Based on the Center's projections there will be about 480,000 male physicians, a modest gain of 9.2% from 440,000. More physicians will be in general internal medicine than any other specialty. It is anticipated that there will be more than 92,000 internists, who will comprise 14.6% of the physician population. That specialty field is now growing at a rate of 28.7%, compared to 13.8% at present. Other specialties expected to experience high levels of growth are emergency medicine (55%), pediatrics (35.8%), anesthesiology (35.4%), radiology (27.3%) and obstetrics/gynecology (22.7%). The projections indicated a moderate growth of 5.6% in the number of foreign medical graduates due to increases in U.S. FMGs. A 1.2% decline in alien FMGs is anticipated.

The new publication containing the detailed statistical analysis is "Physician Supply and Utilization by Specialty: Trends and Projections." Copies, \$24 each for AMA members and \$30 for others, may be obtained from AMA's Order Dept., P.O. Box 10946, Chicago 60610-0946. Ask for the publication OP-237.

C/M

COLORADO MEDICAL SOCIETY -- 1988 ANNUAL MEETING
PRELIMINARY SCHEDULE
 Denver, Colorado September 14-17, 1988

SEPTEMBER 14, WEDNESDAY

6:30-midnight Spirit of 88 "An Old Fashioned Political Rally"

SEPTEMBER 15, THURSDAY

7:30- 5:00 pm	Registration
7:30- 8:30 am	Constitution/Bylaws/Credentials Committee
8:30- 9:00 am	Opening Session of the House of Delegates
9:00-12:00 noon	General Membership Meeting
12:00- 2:00 pm	Council on Physician Patient Advocacy
12:00- 2:00 pm	Reference Committee Members Luncheon
12:00- 2:00 pm	Past Presidents Luncheon
12:00- 3:00 pm	Auxiliary Incoming Luncheon & Board Meeting
1:00- 6:00 pm	Exhibits Open
2:00- 3:00 pm	CMS Reference Committees (2)
3:00- 4:00 pm	COPIC Risk Management Seminar
4:00- 5:00 pm	Judicial Council
4:00- 6:00 pm	Exhibitors Reception
4:00- 6:00 pm	AIDS Conference
6:30- 8:30 pm	Women in Medicine Section
7:00- 9:00 pm	Colorado Society of Internal Medicine
7:00- 9:00 pm	Colorado Neurosurgical Society
7:00- 9:00 pm	Colorado Society of Anesthesiologists
10:00-12:00 pm	COPIC Dessert Reception
Evening Alternatives	Denver Symphony/Denver Center for Performing Arts

SEPTEMBER 16, FRIDAY

7:00- 9:00 am	Prayer Breakfast
7:00- 9:00 am	Unified Grievance Committee Breakfast
8:00- 5:00 pm	Registration
8:00- 9:00 am	Auxiliary Reference Committee
8:00- 9:00 am	COPIC Risk Management Seminar
8:00-11:00 am	CMS Reference Committees (2)
9:00-10:00 am	Auxiliary Reference Committee
9:00-11:30 am	Exhibits Open
11:00-2:00 pm	CMS Reference Committees (2)
10:00-11:00 am	Auxiliary Reference Committee
10:00-11:00 am	COPIC Risk Management Seminar
11:00- 1:00 pm	Auxiliary Presidents & Presidents-elect Brunch
11:00- 1:00 pm	Auxiliary Friendship Luncheon
11:30- 1:00 pm	Educational Program Luncheon
1:00- 4:00 pm	Education Program
2:00- 6:00 pm	Exhibits Open
4:00- 6:00 pm	Hospital Medical Staff Section
5:00- 6:00 pm	Young Physician Section General Membership Meeting
6:00- 9:00 pm	Colorado Child & Adolescent Psychiatry Society
6:00- 8:00 pm	CMS & CMSA Presidents' Reception
8:00- midnight	Presidents' Dinner Dance

SEPTEMBER 17, SATURDAY

7:00- 8:30 am	Component Society/District Caucuses
7:00- 9:00 am	Auxiliary Breakfast
7:00- 9:00 am	Young Physician Section Governing Council Meeting
8:00- 5:00 pm	Registration
8:00- 4:30 pm	Colorado Child & Adolescent Psychiatry Society
8:30- 9:00 am	Constitution/Bylaws/Credentials Committee Meeting
9:00- 1:00 pm	House of Delegates
9:00- 1:00 pm	Auxiliary House of Delegates
1:00- 3:00 pm	Resident Physician Section

SEPTEMBER 18, SUNDAY

8:00 a.m.- 6:00 p.m.	Colorado Chapter, American Academy of Family Practice Board Retreat
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Colorado Medicine *for* July 1, 1988

board of directors condensed minutes

Condensed Minutes of the meeting of the Board of Directors, CMS Offices, Denver, CO - Friday,

- NEW FACILITIES?** COPIC has hired a consultant to look for new office space. Approved the following: 1) CMS and COPIC should be housed in the same facility; 2) the Board authorizes the Executive Committee and staff to work with COPIC in studying a possible move where the cost for the new space, including cost for our move, would be no more than we are now paying per year. A report will be presented to the Board at the July 22 meeting; and 3) a long-term (seven or more years) lease should be negotiated.
- MINI-INTERNSHIP** Mrs. Ginger Underwood will present a special report on the CMS Mini-Internship Program to the AMA Auxiliary House of Delegates later this month.
- EUTHANASIA ETHICS** **Approved** charging the CMS Committee on Ethics to study the report on euthanasia from the Center for Health Ethics and Policy.
- CMS OPPOSES** Reaffirmed the CMS position in opposition to the corporate practice of medicine.
- SMOKE-FREE REP.** Dr. Fred Platt has agreed to serve as the CMS representative to the Coalition for a Smoke-Free Colorado.
- INFORMATICS** A Committee on Medical Informatics is in the developmental stages. The next meeting will be held at 8:00 a.m. at CMS on June 29. Additional information, including the definition of informatics, is available from Dr. George Thomasson at MLCP.
- LEGAL Q&A** **Approved** co-sponsorship of "The Physician and the Law in 1988" seminar with Pryor, Carney and Johnson.
- CMS CO-SPONSORSHIP** **Approved** co-sponsorship of the following: 1) Hand Surgery Associates Project, "Emergency Care of the Injured Hand;" 2) Colorado Trauma Institute, "Fourth Annual Trauma Symposium;" 3) Assigning Physician Chairs for Worthwhile Projects; and 4) Family Focus, Inc.
- DNR FORM** **Approved** the DNR Form for nursing homes. Copies may be obtained from Yvonne Reed at CMS.
- GENERIC DRUG POLICY** **Approved** the Generic Drug Policy. Copies of the policy may be obtained from Yvonne Reed at CMS.
- WORKER'S COMP.** Ms. Maloney reported that Workman's Compensation hearings had just concluded. Some of the positive results of the hearings include the following: 1) as of August 1 there will be an updated RVS; 2) CPT-4 codes for anesthesiology will be implemented; 3) there will be an increase in some conversion factors effective August 1; and 4) there is now a timely payment provision for Workman's Compensation claims.

PCP PARTICIPATION	There are now 1600 physicians enrolled in the "Personal Care Program". Physicians are encouraged to participate and urge colleagues to participate.
HEALTH CAREERS REP.	Approved appointment of Dr. Jim Regan as the CMS representative to the Colorado Health Careers Council.
CFMC REP.	Approved appointment of Robert Faraci, M. D., as CMS representative to the CFMC Board of Directors.
LEADERSHIP CONF.	The Leadership Conference will be held July 23-24 at Copper Mountain Resort.
GRIEVANCE GUIDELINES	Approved Grievance Committee Guidelines. Copies may be obtained from Mary Ann Yanik at CMS.
WESTERN SLOPE	Approved continuation of the Western Slope Project for another year.
IMPROVING RURAL MEDICINE	Approved submission by the RPS of the following resolution: Resolved, that the Colorado Trust be approached with a proposal to establish a fund to extend the pay-back period for medical school loans for residents, in exchange for those residents serving in rural Colorado once they have finished their training, for a given period of time.
"SAFEKIDS" ENDORSED	Approved endorsement of the "Safekids Program". Additional brochures are available from The Children's Hospital.
NEXT MEETING	The next meeting of the Colorado Medical Society Board of Directors will be July 22, 1988, at Copper Mountain Resort.

COMPAC/AMPAC

YES I wish to become a COMPAC/AMPAC member. Enclosed is my personal check for \$ _____ (\$99.00 Sustaining Member) (\$50.00 Active Member).

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Voluntary political contributions by individuals to COMPAC should be written on **personal checks**. Contributions received from professional corporations will be placed in a separate fund and will be used for political education. **Contributions are not limited** to the suggested amount. Neither COMPAC nor AMPAC will favor or disadvantage anyone based upon the amounts of or failure to make PAC contributions. Voluntary political contributions will be used in connection with state and federal elections and are subject to the prohibitions and limitations of state and federal campaign laws.

PHYSICIAN COVERAGE FOR STATE ATHLETIC EVENTS

*Donald E. Cook, M.D., Chairman
Committee on School Health and Sports Medicine*

Arrangements for physician coverage of Colorado High School Activities Association Spring State Events have been completed and the Committee on School Health and Sports Medicine would like to extend a very large thank you to those physicians who donated their time to provide medical coverage for these events.

Among the participating physicians were:

Ted Engle, M.D., Westminster
Ronald C. Pinson, M.D., Grand Junction
David M. Mayer, M.D., Grand Junction
William R. Patterson, M.D., Grand Junction

Charles H. Bedard, M.D., Pueblo
Eugene W. Pflum, M.D., Pueblo
Barry M. Rapp, M.D., Pueblo
Edward M. Fitzgerald, M.D., Colorado Springs

Steven Ranzenberger, D.O., Colorado Springs

Janet Ely, D.O., Colorado Springs

John P. Moyer, M.D., Evergreen

H. Michael Tramutt, M.D., Westminster
and all of the other physicians who so graciously provided coverage.

As physicians, we all recognize the importance of these athletics to the physical, mental and emotional health of our youth.

We would like to begin now to enlarge the number of physicians we may call upon to assist in covering state level athletic events for both boys and girls. The times necessary for coverage will occur from late October to early November for the fall quarter, February and March for the winter quarter, and May for the Spring quarter events. Skiing events will be held in one of the ski resort areas in one of our mountain communities. Events we have been asked to cover include football, cross country, swimming, gymnastics, volleyball, basketball, wrestling, skiing, ice hockey, track, baseball, and soccer.

For many years Dr. Ted Engel of Westminster and Dr. Richard Greenwood of Montrose have covered these events. However, with the proliferation in the number of sports, the advent of girls athletics, and the increase in statewide preliminary events, additional help is needed. Customary procedure has been

to bring your own medical bag with you. When you are contacted with a request for your assistance, the name of the trainer or contact person will be furnished to you. We are informed that your COPIC liability insurance covers your participation in such an event.

Will you help donate your time for this worthy and important activity? If so, please fill out the following form and return it to Ellen Stein or Carolyn Hastings at the Colorado Medical Society. Thanks for your help in this.

Please detach or make a photocopy, complete and return the form below to:

Ellen J. Stein

Colorado Medical Society

P.O. Box 17550, Denver, CO 80217-0550

I am interested in serving as an attending physician for CSHAA sponsored state level athletic events. The sport or sports I would cover are (and circle the ones you could cover):

Football
Cross Country
Volleyball
Golf
Skiing
Girls Basketball

Boys Basketball
Wrestling
Girls Swimming
Boys Swimming
Girls Gymnastics
Boys Gymnastics
Track

Baseball
Boys Tennis
Girls Tennis
Hockey
Boys Soccer

Signed: _____

Address: _____ Phone No.: _____

City _____ Zip _____ Component Medical Society: _____

colorado medicine

STACKS

July 15, 1988

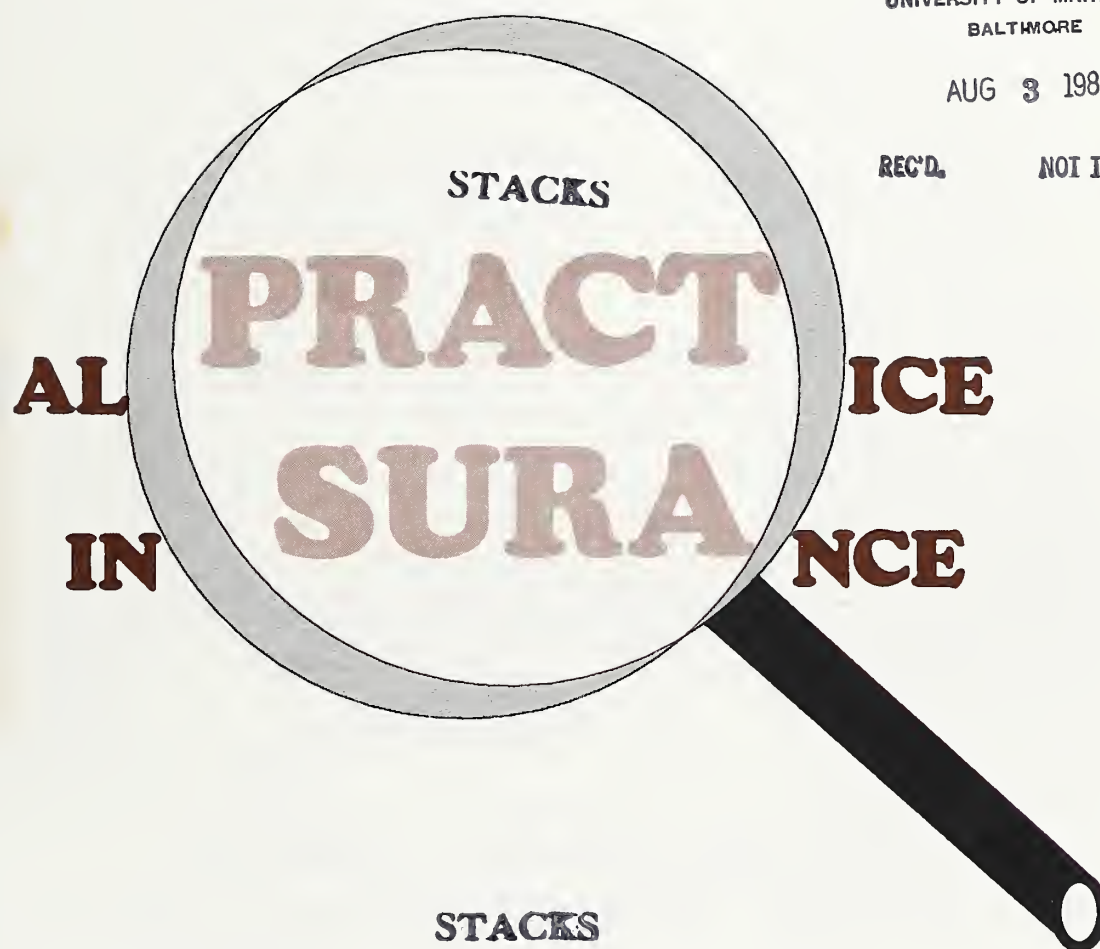
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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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Theodore R. Sadler, Jr., M.D., President
Colorado Medical Society, 1987-1988

Colorado Medicine, the special articles and the "self" survey. These items have been carefully studied by our own risk management specialists and they have recommended the reprinting of the articles and the survey from *Medical Malpractice Prevention* (Sept/Oct 1986).

As you read the articles and take the self survey, look for items that will aid you in your own risk management. Look for the tips on "incident reporting" and the types of incidents that need to be reported. Keep an eye out for the practical tips on how to improve your procedures to better protect yourself while improving the care of your patients. There may be some areas you had not previously considered. I hope this will help us all.

If you have questions or need more information, contact the following people at Medical Liabilities Consultants Program (MLCP): Dr. Robert Brittain, Dr. George Thomasson, or Kathy Gardner. Telephone them at 779-0550.

Incidentally, there will be extensive programs on risk management at the Annual Meeting in September. These programs will be conducted by those specialists with MLCP. The meeting will be held at the Denver Center Marriott Hotel in downtown Denver, which should make it easy for a majority of CMS members to attend. This will allow many physicians to be there, ask questions on a one-on-one basis, and get dependable, first-hand information on many subjects relating to malpractice. I urge everyone to attend.

In this issue you will also find the Annual Meeting "Pre-Convention Packet." Once again, in the interest of savings, we have inserted this information in the magazine, whereas in years past we have mailed the packet to each member. You will find other interesting features in this year's Annual Meeting, all designed to help CMS members in their individual practices and personal lives. I hope to see you there.

CIM

So-called "Malpractice" is a spectre that hangs over all of us. But with most such threats, a more complete understanding of cause and effect can allay our fears and make us more effective practitioners. The responsibility to effectively answer such a threat lies chiefly with you, the individual physician. You are your own best defense when it comes to the danger of a malpractice claim or litigation, because only you can examine and evaluate your own practice and make provisions for diverting this risk.

As a physician, I realize the need for information to make effective decisions. That is the reasoning behind this issue of

COCHEM'S TRUST FUND

The Cochem's Trust Fund was created to assist Colorado Medical Society physicians in need of financial assistance. Monies are given only to the physicians (not to his family or estate) and the request must be accompanied by two supporting letters from physicians briefly explaining the nominated physician's background and the circumstance(s) or reason(s) that he/she should receive financial support from the Trust.

If you are aware of a physician in financial need and who meets the criteria listed below, please call the CMS office. The criteria are that the physician:

- 1) Must be a member of the Colorado Medical Society
- 2) Must be a medical doctor licensed by the State of Colorado
- 3) Must be a resident of the state of Colorado for at least ten years

Second Thoughts

by James S. Todd, M.D.

(reprinted by permission from *Medical Malpractice Prevention*, Sept/Oct 1986)

No issue more stirs the passions and anxieties of physicians than does professional liability. Since the late seventies, in every poll among physicians the malpractice mess has been one of the top concerns. And rightfully so. You all know the statistics relating to frequency of suits, severity of awards, escalation of premiums, decreasing availability of coverage, constriction of practice patterns, and the exodus of physicians from high risk specialties, indeed from the very practice of medicine itself. Great energy and resources have been devoted to ameliorating these pressures, but very few positive trends can be found.

Four Reforms Necessary to Deal With the Malpractice Problem

The American Medical Association has identified and implemented four elements necessary to bring rationality into a system of compensation now completely out of control, serving no one well. They are: (1) public education as to the limitations of medical science and the inflated expectations of patients; (2) fine tuning of the insurance mechanism among physician-owned companies to wring millions of dollars of waste from the system; (3) developing and lobbying for very significant tort reform, proven where it now exists to provide equity and economy; and (4) the use of risk prevention and monitoring of physician performance to reduce actual liability, or its appearance. Without question, if these four endeavors were pushed to the maximum, there would soon be a lessening — not elimination, but a lessening — of the uncertainty under which physicians and patients now live.

Physicians themselves, in their everyday activities, have the greatest ability to lessen the ravages of professional liability.

The Most Important Reform of All

Clearly, education, streamlining insurance functions, and achieving tort reform are of importance, but by themselves they will not solve the problem. In most minds today, tort reform becomes the imperative; there is a disquieting perception that once meaningful reform has occurred the problem will be solved. In many respects, such a perception is an illusion. Statistics show that only about 10 percent of malpractice cases reach the courtroom and, of those, physicians win better than two-thirds. Tort reform is important because the awards in court become the benchmarks from which settlement discussions on meritorious cases begin.

Sad, but true, based on current insurance company statistics on peer-reviewed cases, 20 percent are found to represent nondefensible actions on the part of physicians. And this is where the greatest opportunity lies to make inroads. Physicians themselves, in their everyday activities, have the greatest ability to lessen the ravages of professional liability. Every statistic demonstrates risk management as the avenue by which physicians can make the greatest contributions. Yet, sadly, how many physicians individually evaluate their daily activities, their attitudes toward patients, their level of current competence, or their relationships with other professionals? Modification of individual physician behavior may be a difficult task, but reality dictates that this is the most necessary action to reduce

human and economic loss. As long as the majority of indemnity payments are made for indefensible actions on the part of physicians, it is here that most progress can be made. It is really not a matter of competence. It is a matter of care and fidelity to detail and human relations.

What's Your Malpractice Exposure?

Survey your own practice with this confidential self-survey

by Wayne Parker
Claims/Loss Prevention Manager
Medical Mutual Insurance Company of
North Carolina
(reprinted by permission from *Medical
Malpractice Prevention*, Sept/Oct 1986)

You have heard stories, seen films, and read articles about medical malpractice suits, but no matter how many times you do so, the total impact can only be *imagined*. Imagined, that is, until you have had your professional competence questioned in the form of a lawsuit. Only then are you able to experience truly the anger, frustration, humiliation, fear and, increasingly, the very real prospect of a decline in earnings.

Just as personal involvement is necessary to appreciate the trauma of litigation, personal involvement in risk management activities is necessary before one fully appreciates problems prevalent in his or her own practice. Without this involvement, most people seem to concur with Mark Twain's observation: "Nothing so needs reforming as other people's bad habits." It's all too easy to ignore "bad habits" in your own practice. After all, they're present in Charlie's practice, or Jane's, but certainly not mine.

At Medical Mutual we believe that although most risk management endeavors accomplish some good, an individual Medical Practice Survey is the most effective and, in the long run, the most cost efficient. Properly performed, it could help you protect and secure your own professional destiny.

In a previous issue of *Medical Malpractice Prevention* (May/June 1986), we reported on the results of our Medical Practice Survey at 351 individual physician practices. On the next five pages, you will find a self-assessment version of the Survey forms used by Medical Mutual. Now we invite you to use these pages in absolute privacy to conduct your own evaluation of potential medical malpractice risks in your own practices. The evaluation is strictly for your own personal enlightenment. We believe you will find your time well spent.

Although there is no adequate substitute for having the Survey performed by a qualified outside consultant, an "in house" audit, using our Survey forms and cumulative results as guides, is a good first step. Be as objective as possible. Unlike other programs, our Survey does not rely on manuals, excessive forms, or lengthy reports. Because of this, it is imperative that you be willing to make the necessary judgments as to how extensive your self-inspection process should be.

Educating the public and pursuing tort reform are worthwhile causes, but the medical malpractice problem can only be brought under control when the vast majority of physicians consistently treat their practices as if they were businesses — which they are — and realize that patients expect, and increasingly demand, to be

treated as customers — satisfied, happy customers. The conclusion: if you consistently think business, think competition, think bottom line, you'll automatically accomplish preventive malpractice.

How to use this survey

1. Each practice has its own profile of malpractice vulnerability. Answers to some questions may not specifically address a particular problem noted in our cumulative results, but may stimulate other questions or may be significant when combined with other answers.

2. Use this Survey to establish protocols and to spot weaknesses in procedures, staff and equipment inadequacies, and areas of possible patient dissatisfaction.

3. Use Survey Part I, "Self Screen" to "flag" selected patient records for your review. This part of the survey does not provide a comparative evaluation, but should help you assess the potential risk in your own practice. Such a review will help you determine if there is malpractice vulnerability and can point to measures that will immediately reduce malpractice exposure.

4. Use Part II to determine how your practice compares with those of the physicians in our survey. Once you have completed the self-evaluation in Part II, you may wish to compare your answers to those obtained from the 351 physician survey we performed. Turn to page 266 for those results.

What's Your Malpractice Exposure?

Part I

MEDICAL OFFICE SURVEY (Self-Screening)

Do I have knowledge of a patient (or patients) who...

Percent of Patients
in My Practice

Yes No

☐ Within 3 months following my treatment, sustained a bad result that could be related to the previous complaint and/or treatment

☐ ☐

☐ Within 6 months following my treatment, received additional care (from me or someone else) due to a bad result that could be related to the previous complaint and/or treatment

☐ ☐

☐ Was significantly injured due to a nonmedical related hospital incurred incident

☐ ☐

☐ Was unexpectedly transferred from general care to special care, isolation, or for emergency surgery

☐ ☐

☐ Sustained cardiac or respiratory arrest (including newborn hypoxia)

☐ ☐

☐ Sustained organ failure (heart, kidney, lung) not present at time treatment rendered

☐ ☐

☐ Unexpectedly died in the hospital or within 3 months of my last treatment

☐ ☐

☐ Sustained significant neurosensory or functional deficit not present prior to treatment

☐ ☐

☐ Received a newborn Apgar score of <6 at either 1 or 5 minutes

☐ ☐

☐ Sustained a laceration or perforation of any organ or body part, requiring surgical intervention for repair

☐ ☐

☐ Unexpectedly returned to the operating room, same admission

☐ ☐

☐ Sustained an unplanned partial or complete removal or repair of a normal organ or body part during an operative procedure

☐ ☐

☐ Sustained an acute MI or CVA during or within 48 hours of elective surgery or other major diagnostic or therapeutic procedure

☐ ☐

☐ Needs or has undergone an operation for removal of foreign body left in operative site

☐ ☐

(Modified with permission from St. Paul's Occurrence Screening System)

What's Your Malpractice Exposure?

Part II

MEDICAL PRACTICE SURVEY

(Score one point for each "No" answer.)

A. HOW WELL DOES MY OFFICE REPRESENT ME? (THE PATIENT'S EYE VIEW)

1. Do I keep adequate office hours to see all scheduled patients?

Yes ☐ No ☐

2. Do my patients perceive the waiting/reception area as pleasant?

Yes ☐ No ☐

3. Are there sufficient chairs in the waiting room?

Yes ☐ No ☐

4. Do I make up-to-date patient-related medical literature available to my patients?

Yes ☐ No ☐

5. Does my receptionist make a good impression on the telephone?

Yes ☐ No ☐

6. Patients cannot hear telephone conversations at the front desk while in the waiting room.

Yes ☐ No ☐

7. Personal conversations by the staff cannot be overheard in the waiting room.

Yes ☐ No ☐

8. Patients are notified if I am running behind in seeing patients.

Yes ☐ No ☐

B. APPOINTMENTS/TERMINATION

1. Are patients seen by appointment only?

Yes ☐ No ☐

2. Do I employ block appointments?

Yes ☐ No ☐

3. Do I book only the appointments that I can handle properly?

Yes ☐ No ☐

4. Do my patients with an appointment spend more than 30 minutes in the waiting room, on average?

Yes ☐ No ☐

5. On the average, does it take my patients less than two weeks to get an appointment?

Yes ☐ No ☐

6. Do I have an established procedure for my staff to follow up on missed appointments?

Yes ☐ No ☐

7. Are the results of the follow up on missed appointments entered on a record and/or posted on the patient's chart?

Yes ☐ No ☐

8. Do I give the patient my reasons for termination of the doctor/patient relationship *in writing*?

Yes ☐ No ☐

C. DO MY PATIENTS AND I GET OFF TO A GOOD PROFESSIONAL START?

1. Do I require pre-visit forms to be completed by the patient?

Yes ☐ No ☐

2. Do I or someone else in my office discuss fees and other charges with my patients?

Yes ☐ No ☐

3. Do I or someone else in my office discuss methods of payment with my patients?

Yes ☐ No ☐

4. If I am practicing with one or more physicians in the same specialty, does the patient *have an option* as to who will treat?

Yes ☐ No ☐

5. A new patient history is always taken by me or by other qualified person in my office.

Yes ☐ No ☐

6. Are patients specifically asked about allergies, sensitivities, bad results, etc., and the answers entered in the patients' charts?

Yes ☐ No ☐

7. I require a complete physical exam for all new patients.

Yes ☐ No ☐

8. Would most patients feel that I have pleasant and private examining rooms?

Yes ☐ No ☐

What's Your Malpractice Exposure?

D. DO THE OFFICE PROCEDURES PROTECT BOTH MY PATIENT AND ME?

1. Certain lab tests, if urgent, are performed in-office.
Yes ☐ No ☐
2. An outside lab is used whenever appropriate.
Yes ☐ No ☐
3. There is an established procedure for informing the patient of all office and outside lab results?
Yes ☐ No ☐
4. Do I have a fail-safe follow-up system in place when my patient is referred for diagnostic testing?
Yes ☐ No ☐
5. Incoming medical reports from labs, consultants, etc., are all reviewed by me *before* they are placed into the patient's chart.
Yes ☐ No ☐
6. Injections are only administered by myself or other qualified person.
Yes ☐ No ☐
7. I have an efficient, well-run patient reminder system for yearly examinations.
Yes ☐ No ☐
8. I am qualified by training to take calls for all other physicians for whom I cover.
Yes ☐ No ☐
9. Do I request all the necessary records when I see a patient in consultation?
Yes ☐ No ☐
10. Do I have an established follow-up system when I refer a patient to a consultant?
Yes ☐ No ☐
11. Are the physicians who cover for me qualified by training to do so?
Yes ☐ No ☐
12. Patients are informed as to who is covering.
Yes ☐ No ☐
13. I have an after-hours answering service.
Yes ☐ No ☐
14. Calls are answered by a person (not an electronic device).
Yes ☐ No ☐
15. Calls can be transferred by beeper.
Yes ☐ No ☐

16. X-Rays/ultrasound, if performed in the office, are carried out by a qualified person.

Yes ☐ No ☐

17. All x-rays of my patients are read by a radiologist.

Yes ☐ No ☐

18. Is my office equipment (x-ray, ECG, ultrasound, etc.) checked as required?

Yes ☐ No ☐

19. If ECGs are performed in the office, they are taken by a fully trained person and read by a qualified person.

Yes ☐ No ☐

20. If a patient refuses to follow my instructions, I have a set protocol for dealing with the noncompliance problem.

Yes ☐ No ☐

21. A member of my staff (whose sex is the same as the patient's) is always present during an exam of a patient of the opposite sex.

Yes ☐ No ☐

E. IS MY DRUG CONTROL ADEQUATE?

1. Prescription pads are kept out of sight of patients.
Yes ☐ No ☐
2. Syringes are kept out of sight.
Yes ☐ No ☐
3. Drugs are kept out of sight.
Yes ☐ No ☐
- Locked. Yes ☐ No ☐
- Purged. Yes ☐ No ☐
4. Different drugs are kept in separate locations.
Yes ☐ No ☐
5. Different drugs are kept in different sized and colored containers.
Yes ☐ No ☐
6. An adequate drug record is kept of all narcotic drugs.
Yes ☐ No ☐
- Locked. Yes ☐ No ☐
- Purged. Yes ☐ No ☐

What's Your Malpractice Exposure?

F. DO MY BILLING AND COLLECTION PROCEDURES UNNECESSARILY ANTAGONIZE SOME PATIENTS OR GIVE THEM REASON TO BE RESENTFUL?

1. I always review the patient's chart before initiating aggressive pursuit of collections for charges.

Yes ☐ No ☐

2. Aggressive collection is not pursued without my approval.

Yes ☐ No ☐

3. If and when a collection agency is used, the agency's efforts are monitored and it is not allowed to sue without my express permission.

Yes ☐ No ☐

4. If a patient questions my professional fees, I insist on being informed and advise the staff how to handle it.

Yes ☐ No ☐

5. If I terminate treatment of a patient who has an overdue account, I do so in writing, by certified, return receipt requested letter, providing a grace period and offering to help locate other professional health care.

Yes ☐ No ☐

G. WHEN MY PATIENT CALLS, HOW IS IT HANDLED?

1. Is there a sufficient number of telephone lines into my office?

Yes ☐ No ☐

2. Does the staff wait for the patient's permission *before* placing the patient on hold?

Yes ☐ No ☐

3. The average time a patient is on hold is less than 2 minutes.

Yes ☐ No ☐

4. My secretary, when screening calls, is careful not to build a barrier between me and my patient.

Yes ☐ No ☐

5. I accept calls when requested to do so by my staff.

Yes ☐ No ☐

6. My staff has been instructed not to renew prescriptions without my signature.

Yes ☐ No ☐

H. DO THE MEDICAL RECORDS IN MY OFFICE PROTECT MY PATIENT AND ME IF A MEDICAL PROBLEM DEVELOPS?

1. All telephone contacts are recorded in writing.

Yes ☐ No ☐

2. Regardless of type of contact, all contacts with the patient are recorded in writing.

Yes ☐ No ☐

3. I give written instructions to the patient and/or family for specific injuries or illnesses.

Yes ☐ No ☐

4. The fact that written instructions were given is always documented.

Yes ☐ No ☐

5. Informed consent is obtained within hours (not days, weeks, or months) before the treatment or procedure.

Yes ☐ No ☐

6. The patient's signed informed consent form is obtained and placed in the patient's chart for all special office procedures.

Yes ☐ No ☐

7. If the form is filed elsewhere, the chart is posted concerning the signed informed consent.

Yes ☐ No ☐

8. Signed informed consent forms are obtained by me or other authorized physician who will perform the procedure -- not by an assistant or nurse.

Yes ☐ No ☐

9. I insist on knowing if a patient complains about medical care or if a problem develops, and do not delegate responsibility to an assistant or nurse.

Yes ☐ No ☐

10. There is an established protocol for handling requests for records when placed by the patient's family, attorney, or insurance company.

Yes ☐ No ☐

11. I initial and date all incoming diagnostic and medical reports.

Yes ☐ No ☐

What's Your Malpractice Exposure?

I. DO MY CHART FILES MEET THE NEED?

1. All allergies, sensitivities, bad results, etc., are clearly indicated on the patient's chart.

Yes ☐ No ☐

2. My medical records are well organized.

Yes ☐ No ☐

3. All entries in my patients' charts are in chronological order.

Yes ☐ No ☐

4. Entries are legible.

Yes ☐ No ☐

5. Medical records are changed or corrected properly, leaving no doubt as to what changes were made and when they were made.

Yes ☐ No ☐

Based on your responses to the survey, you can now compare your evaluation, area by area, with a cross section of other physicians. Your score is not an indication of how you rate on a national average, but how your answers compare to those of the 351 physicians surveyed in our study. You should note any questions for which your answer is "No", as this may be a potential problem area. Use this survey as a useful guide to problem prevention in your own practice.

J. ARE MY OFFICE EMERGENCY AND/OR SURGICAL PROCEDURES CONDUCTED IN A WAY THAT PROTECTS MY PATIENT AND ME?

1. I have adequate emergency equipment ready for use in my office and my staff and I are trained to use it properly.

Yes ☐ No ☐

2. The emergency equipment is inspected several times a year.

Yes ☐ No ☐

3. I am updated as to current cardiac and respiratory arrest procedures.

Yes ☐ No ☐

4. My staff is properly trained and updated to handle CPR.

Yes ☐ No ☐

5. There is a physician on call or in the ER during my office hours.

Yes ☐ No ☐

6. The distance to the nearest hospital to which I would send an emergency is compatible with good medical care.

Yes ☐ No ☐

7. Specimens of extracted tissue are sent to the laboratory.

Yes ☐ No ☐

Areas Where I Have Problems	AREA	Average Number of Problems ("No's") Per Physician by AREA
A	How Well Office Represents Me	1.27
B	Appointments/ Termination	3.14
C	Getting Off to A Good Start With Patient	1.31
D	Office Procedures	1.51
E	Adequacy of Drug Control	0.59
F	Billing and Collection Procedures	1.37
G	Handling of Patient Calls	0.98
H	Medical Records	2.57
I	Chart Files	0.76
J	Office Surgical Procedures	0.84

ARBITRATION - AN ALTERNATIVE METHOD OF DISPUTE RESOLUTION

As of 1 July 88, Colorado statutes permit physicians and their patients to enter into pre-treatment, voluntary, binding agreements to arbitrate any dispute as to professional negligence in the provision of medical services. Thus opens a new era to COPIC and its insured physicians, with the hope that the new system will prove quicker and less costly than the traditional tort system of resolving medical malpractice claims.

The experience with arbitration schemes elsewhere has been mixed, so that it is impossible to predict with any accuracy what will be its effects in Colorado. We can probably anticipate an increase in the actual number of claims, but if the process of resolution is speedier and involves less attorney time - coupled with avoiding

any "lottery mentality" brought by a jury - then the eventual cost of dispute resolution will be less than it currently is. It is further reasonable to assume that the new system will breed a population of arbitrators with good understanding of the intricacies of medical care and its complications, which should lead to a vastly more intelligent system than that of trying to educate one-jury-at-a-time in the complex issues of a medical malpractice claim.

In enacting this legislation, the Colorado Legislature included several very specific provisions which are worthy of note and are listed herein:

1) "...no medical malpractice insurer shall require a health care

provider to utilize arbitration agreements as a condition of providing malpractice insurance...."

2) "...no health care provider shall refuse to provide medical care services to any patient solely because such patient refused to sign such an agreement..."

3) "...no health care provider shall withhold the provision of emergency medical servicesbecause of....refusal to sign an agreement containing a provision for binding arbitration..."

4) "...the following notice shall be printed in at least ten-point, bold-face type:

"NOTE: BY SIGNING THIS AGREEMENT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL BINDING ARBITRATION RATHER THAN BY A JURY OR COURT TRIAL.

YOU HAVE THE RIGHT TO SEEK LEGAL COUNSEL AND YOU HAVE THE RIGHT TO RESCIND THIS AGREEMENT WITHIN NINETY DAYS FROM THE DATE OF SIGNATURE BY BOTH PARTIES UNLESS THE AGREEMENT WAS SIGNED IN CONTEMPLATION OF HOSPITALIZATION IN WHICH CASE YOU HAVE NINETY DAYS AFTER DISCHARGE OR RELEASE FROM THE HOSPITAL TO RESCIND THIS AGREEMENT.

NO HEALTH CARE PROVIDER SHALL WITHHOLD THE PROVISION OF EMERGENCY MEDICAL SERVICES TO ANY PERSON BECAUSE OF THAT PERSON'S FAILURE OR REFUSAL TO SIGN AN AGREEMENT CONTAINING A PROVISION FOR BINDING ARBITRATION OF ANY DISPUTE ARISING AS TO PROFESSIONAL NEGLIGENCE OF THE PROVIDER.

NO HEALTH CARE PROVIDER SHALL REFUSE TO PROVIDE MEDICAL CARE SERVICES TO ANY PATIENT SOLELY BECAUSE SUCH PATIENT REFUSED TO SIGN SUCH AN AGREEMENT OR EXERCISED THE NINETY-DAY RIGHT OF RECISSION."

(Continued)

(Continued)

It is apparent that it will be critically important that any patients brought into this pre-treatment agreement be exposed to the same "informed consent" process as would be appropriate for elective surgery or medical treatment. Physicians utilizing this agreement will need to explain it in detail to their patient, obtain the patient's signature and witness it, then provide a copy of the agreement to the patient as well as the medical record. An agreement to arbitrate which is obtained improperly will be as useless as no agreement at all.

The COPIC policy contains language which prohibits use of arbitration agreements (or any other settle-

ment agreements) without company approval. If you intend to implement an arbitration process in your practice, COPIC has a mechanism in place to review and provide prior approval of your agreement. Proposed Arbitration Agreements should be submitted to Harry Grant, COPIC VP, Underwriting.

If you wish to implement binding arbitration in your practice, but lack proper documentation and legal expertise, contact Harry Grant for information on how to proceed. COPIC can supply you with statutorily-required language, information concerning the consent process for patients, and the identity of organizations established to provide arbitration services.

Because arbitration seems attractive in some cases even after a claim has been brought, COPIC claim adjusters now have in hand a program ("COPIC ADR") which the company can institute in appropriate cases, and which we feel may enable us to markedly limit both indemnity exposure and the costs of defense. Those insureds unfortunate enough to have claim exposure may see such a program considered for resolution of your claim. As always, the COPIC insured physician retains the right to approve (or disapprove) settlement of claims by the company.

K. Mason Howard, M.D.,
Chairman & CEO
COPIC Insurance Company

ALL PHYSICIANS

The Risk Management Department of COPIC will be putting on three general risk management talks at the CMS Annual Meeting at the Marriott City Center in Denver on September 15th, 16th and 17th. Attendance at these meetings will qualify for Preferred Risk Plan credit. Following is a list of those meetings.

Thursday, September 15, 1988, 3:00 to 4:30 p.m.

OBSTETRICS - George O. Thomasson, M.D.

(Colorado D Meeting Room)

Friday, September 16, 1988, 8:00 to 9:00 a.m.

SURGERY AND SURGICAL SUBSPECIALTIES - Robert S. Brittain, M.D.

(Colorado G Meeting Room)

Friday, September 16, 1988, 10:00 to 11:00 a.m.

**FAMILY PRACTICE, INTERNAL MEDICINE AND
MEDICAL SUBSPECIALTIES - George O. Thomasson, M.D.**

(Colorado G Meeting Room)

"Personal"

a Volunteer Program of

by Theodore R. Sadler, Jr., M.D., President

Are you looking for a better way to serve your patients enrolled in the Medicare program, to retain current patients, and to attract new ones?

Are you concerned that the public (and their elected representatives) don't understand what you are doing to help your patients who are experiencing financial difficulties?

Are you currently a "participating" physician who anticipates getting out -- but is concerned about having no alternative to offer your patients?

Do you agree with CMS that maintaining the individual claim-by-claim assignment option is essential to preserving professional autonomy and quality medical care?

If you answered "yes" to any of the above, then we strongly urge you to get involved in the new CMS program:

"Personal Care! There's More Than One Kind."

"Personal Care" is a voluntary program recently initiated by the Colorado Medical Society and the American Society of Internal Medicine to demonstrate that Medicare's individual claim-by-claim assignment option can and does serve well the interests of patients enrolled in the Medicare program.

In this issue of *Colorado Medicine* you will find an enrollment form (You should have received one in the mail by this time). We urge you to carefully consider enrolling because the greater number of physicians demonstrating participation in this program (by actual enrollment) the greater chance organized medicine has in defeating the attack against individual assignment options.

The Commonwealth of Massachusetts recently mandated that, as a **condition for licensure, physicians are prohibited from billing patients for any amount in excess of Medicare's "approved amount."**

At least seven other states are **considering similar so-called "mandatory assignment" legislation.**

Congress recently voted to require mandatory assignment of physician laboratory services in order for such services to be covered by the Medicare program. Many powerful members of Congress continue to push for legislation that would virtually force physicians into accepting assignment for all services.

Physicians who voluntarily enroll in CMS's "Personal Care" program agree to take five steps to make the individual assignment option work even better for patients. The five steps are:

1. Answer questions about charges, assignments, or other matters relating to billing and payment -- including what fees will be charged, how fees are determined, and whether or not assignment will be accepted.
2. Help patients file unassigned Medicare claims and obtain proper reimbursement.
3. Accept assignment or provide a discount on fees so Medicare patients having unusual financial difficulties will not have to pay more than Medicare's "approved amount" (i.e., will have to pay only 20 percent of Medicare's approved amount for a given service plus the \$75 annual deductible).

4. Enroll certain patients in a specialized "Personal Care" program so that patients having unusual financial difficulties for an extended period of time will not have to pay more than Medicare's "approved amount" for services provided during a mutually agreed-upon period of time. Patients approved for this specialized program will be given a wallet identification card or a letter which specifies the length of time the program is in effect.

5. Encourage, whenever possible, referral physicians also to accept assignment or provide discount on fees to Medicare's "approved amount" for Personal Care patients.

You are probably saying ***"I am already doing most or all of these things for my patients."*** That's fine.

The problem is that your patients -- and their elected representatives -- do not know or understand what you are already doing. The "Personal Care" program makes it possible to get the word out.

Very important to this matter is that the "Personal Care" program addresses the two most common criticisms of the individual assignment option: lack of predictability and a possibly adverse effect on low-income beneficiaries.

This program also provides a highly visible means of showing your patients how much you care -- thus "Personal Care" can be one of your best professional tools for retaining patients and reaching new people.

DIAGNOSTIC TESTS: New HCFA Regulations

Effective June 1, 1988, Medicare claims with diagnostic tests (excluding clinical laboratory tests) with services of April 1, 1988 or after, must meet new HCFA requirements. This new change reflects Section 4051 of the Omnibus Budget Reconciliation Act of 1987. The intent of this new law is to prevent "mark-ups" on such purchased diagnostic services as ambulatory cardiac monitoring, x-rays, EKGs, EEGs and ultrasound.

The OBRA law and the resulting HCFA regulation changes affect both purchasers and non-purchasers of diagnostic tests. Following is a synopsis of how the new regulations impact physicians:

BILLING REQUIREMENTS

All claims which include diagnostic tests (whether assigned or unassigned) with service dates April 1, 1988 and after, must contain certain required documentation.

PURCHASED DIAGNOSTIC TESTS:

Where the physician either purchases the technical or total component, he/she must provide the following information on the HCFA-1500 claim form:

- The name and Medicare provider number of the supplier of purchased services must be shown in Item 19. If the provider is out-of-state, the name of the state must be shown in Item 19.
- The amount charged by the billing physician must be shown in Item 24e. The billing physician is to indicate his/her usual and customary fee for the technical component since fix reimbursements aren't currently established.
- The net amount charged by the supplier (actual billed) for the technical services must be listed in Item 24h. Physicians are instructed to use a -90 modifier to identify the technical portion of the bill.
- Both the billing physician's professional charge and the providers technical charge must be billed on the same claim form unless the provider of the purchased test bills Medicare for the technical portion of the service.

NON-PURCHASED DIAGNOSTIC TESTS:

In situations where the physician purchases only the professional component from an outside supplier (in which case the physician would bill for the technical component), or where the physician

personally performs the total services or supervises an employee performing the service, the claim form must include the notation, "NO PURCHASED DIAGNOSTIC TESTS".

If the required documentation for either purchased or non-purchased is not on the claims form when submitted to Medicare, the claims will be returned. However, after JULY 1, 1988, incomplete claims will be denied for payment and the physician will be prohibited from billing the patient for any amount, including the deductible and coinsurance amounts. To bill the patient, in this instance, would subject the physician to sanctions.

NON-ASSIGNED PHYSICIANS

When the physician is billing the professional component, he/she is to bill the MAAC charge. Medicare reimbursement will be based on the "reasonable charge" mechanism.

When the physician is billing the technical component and the supplier's net charge for the professional component, he/she is to bill their usual and customary fee for the technical component. Medicare reimbursement will be based on the lowest of: 1) the supplier's net charge for the physician (net of any discounts); 2) the supplier's measurable charge; and 3) the physician's actual charge.

ASSIGNED PHYSICIANS

Whether billing purchased or non-purchased diagnostic tests, the physicians may bill their usual and customary fees. Medicare reimbursement will be based on its reasonable charge criteria.

Medicare payment will be made only when physicians, including nonparticipating doctors, accept the Medicare assignment. If physicians do not accept assignment, by law they will be permitted to bill the patient only for the deductible and coinsurance that may be applicable. Although HCFA claims that the provision to accept assignment is not mandatory, the only way the billing physician can be paid more than the deductible and coinsurance is to accept assignment. It is also worthy to note that when assignment is not accepted, HCFA has made no provision for enabling the non-assigned physician to ascertain what the deductible and coinsurance are.

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CONGRATULATIONS DR. BOGIN!

CHICAGO—Robert M. Bogin, MD, a specialist in pulmonary medicine in Denver, was elected to a national office in the American Medical Association's Young Physician Section (AMA-YPS) in Chicago during the AMA's Annual Meeting, June 25.

There are over 150,000 practicing physicians in the country who are under the age of 40. The AMA-YPS was established to provide increased opportunities for these physicians to participate in organized medicine.

Dr. Bogin will be serving as the alternate delegate from the section to the AMA's House of Delegates and will have a two year term on the AMA-YPS Governing Council.

He received his degree in medicine from Cornell University Medical College and is currently the assistant professor of medicine at the University of Colorado Health Sciences Center. He practices at the National Jewish Center in Denver. He is also chairman-elect of the Colorado Medical Society-YPS and served on the Graduate Medical Education Advisory Committee from 1984-1987.

C/M

MEDICO-LEGAL NEWS

Prepared for the Board of Directors and members of Colorado Medical Society by the legal firm of *Montgomery Little Young Campbell & McGrew, counsel to the CMS.*

These articles are intended, in part, to alert the physician to potential problems with certain business relationships. Look before you leap and see your lawyer before you sign. The Colorado Medical Society does not provide legal advice and these columns are for general information only. For help with your specific problems, you should consult an attorney.

SUPREME COURT HITS OREGON DOCS 1.95 MILLION FOR ANTI-COMPETITIVE BEHAVIOR DONE IN THE NAME OF PEER REVIEW

Dr. Patrick, a surgeon in Astoria, Oregon, was a member of the medical staff at Columbia Memorial Hospital (the only hospital in Astoria) and an employee of the Astoria Clinic. In 1973, Dr. Patrick declined an offer to become a partner in the Astoria Clinic and his life began to change. Other clinic physicians stopped referring patients to him and refused to consult for him. One clinic member even complained to the Oregon Board of Medical Examiners about Dr. Patrick's care. Adding insult to injury, the Board which investigated the incident was chaired by a member of the Astoria Clinic. When Dr. Patrick threatened to sue, the Board retracted its letter of reprimand.

Two years later, another clinic physician complained to the hospital that Dr. Patrick's care of patients was below hospital standards. The executive committee of the medical staff, again chaired by a member of the Astoria Clinic, initiated review of Dr. Patrick's privileges and recommended termination. Because the handwriting was on the wall, Dr. Patrick resigned his privileges.

Dr. Patrick sued the partners in the clinic claiming they had violated sections 1 and 2 of the Sherman Act by participating in the peer review to reduce

competition rather than to improve patient care. Remember, the Sherman Act, a federal law, makes unlawful agreements of two or more persons that unreasonably restrain trade. The court entered judgment in favor of Dr. Patrick for \$650,000 (tripled to \$1.95 million under the antitrust laws) but the Court of Appeals reversed, stating that the Peer Review Committee's conduct was immune from antitrust scrutiny under what is known as the state action doctrine. This doctrine exempts actions of the states from antitrust scrutiny.

"The Supreme Court reversed the Court of Appeals 8 - 0..."

The Supreme Court reversed the Court of Appeals 8-0 and held that the state action does not protect Oregon physicians from federal antitrust liability for their activities on hospital peer review committees. Justice Marshall retraced the history of the doctrine dating back to the 1943 case of Parker vs. Brown,² which established that "federal antitrust laws were not intended to restrain state action or official action directed by the state." Later cases applied the state action doctrine to private parties acting at the state's request and created a two-

prong test for making this determination: (1) The "challenged restraint must be 'one clearly articulated and affirmatively expressed as state policy'" and (2) the "anti-competitive conduct must be 'actively supervised' by the state itself." In Dr. Patrick's case, the court ruled there was no need to consider the first part of the test because the state did not actively supervise the peer review.

Fearing that private parties acting anticompetitively at the State's behest will act to further their own interests, the court said that active supervision "mandates that the state exercise ultimate control over the challenged anti-competitive conduct", i.e. peer review. The mere presence of some state involvement or monitoring, such as reporting an unfavorable outcome to the Board of Medical Examiners, does not suffice. State officials must have and exercise power to review particular anti-competitive acts of private parties and disapprove those that fail to mesh with state policy.

In the Patrick case, neither the Oregon Health Division, the Oregon Board of Medical Examiners nor the state judiciary provided this function. The Health Division only supervised the mechanics of the peer review process within the hospital setting and the Board of Medical Examiners merely regulated physician licensing. Neither of these administrative departments had the authority to review or overturn a hospital's peer review decision. Finally, while the courts in Oregon had some limited ability to review peer review decisions, there was no direct state law or policy enabling the physician to seek specific court review of the merits of a peer review determination.

The Supreme Court didn't buy the argument that effective peer review is

(Continued)

MEDICO-LEGAL NEWS

(Continued from preceding page)

essential to provision of quality medical care and that the threat of antitrust liability would discourage physicians from participating. Such an argument, the court said, "challenges the wisdom of applying the antitrust laws to this sphere of medical care and is more properly directed to Congress." Justice Marshall noted further "to the extent that Congress has declined to exempt medical peer review from the reach of the antitrust laws, peer review is immune from antitrust scrutiny **only** if the state effectively has made this conduct its own. The State of Oregon has not done so."

What does all this mean? We aren't sure. The Supreme Court gave us a few hints on what to do, all of which would require a change in the statutes and would increase governmental involvement in the process.

References:

1. *Patrick v. Burget*, ___ U.S. ___, ___ S.Ct. ___, 56 U.S.L.W. 4430, 100 L.Ed.2d 83 (1988)
2. 317 U.S. 341 (1943)

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CMS AND JCAHO REACT TO OREGON PEER REVIEW CASE

by Harold F. Frye, Executive Director
Colorado Medical Society

The U. S. Supreme Court recently ruled on the Astoria, Oregon, Patrick vs. Burget case. The ruling states that under certain circumstances hospital peer review committees do not have immunity from antitrust suits brought by physicians they have disciplined. There have been concerns that effective peer review would be greatly hindered by lack of antitrust immunity. Justice Thurgood Marshall in his opinion called attention to the fact that Congress, through the "Health Care Quality Improvement Act of 1986" has provided immunity for certain peer review activities, but only when such a committee acts "in the reasonable belief that the action was in the furtherance of quality health care," and is carried out in good faith.

Physicians must not be deterred from continuing "good faith, vigorous peer review" because of the adverse Supreme Court decision in the Patrick case.

The Supreme Court's decision is "narrowly focused" and should not dissuade physicians from continuing their essential peer review activities.

The Joint Commission on Accreditation of Health Care Organizations stated, "This decision will not affect the JCAHO's commitment to the peer re-

view process as an essential element of efforts to enhance quality of care." The Patrick case is not a reason to stop conducting good faith, vigorous peer review if it is guided by carefully crafted administrative procedures which reflect consultation with expert counsel.

When a peer review committee makes an objective determination that medical care has been improperly delivered, it should take whatever disciplinary action is appropriate.

The Colorado Medical Society is in the process of studying this case and determining whether any statutory language should be developed to provide further "state action" protection to those physicians involved in the peer review process.

I would urge physicians to continue to participate in the peer review process. This process is critical to maintaining quality health care. What this really points out is that physicians need to follow proper peer review procedures to lessen the possibility of challenges. We believe that where peer review is done in good faith and fairly, there is no significant antitrust risk for physician reviewers.

C/M

The COLORADO MEDICAL SOCIETY 1988 PHYSICIAN'S DIRECTORY

has been published and is now available to those parties wishing to purchase the Directory. Additional copies are also now available to CMS members at \$25.00 per copy plus \$1.50 postage and handling. Make checks payable to **CMS Physician's Directory** and send check to:

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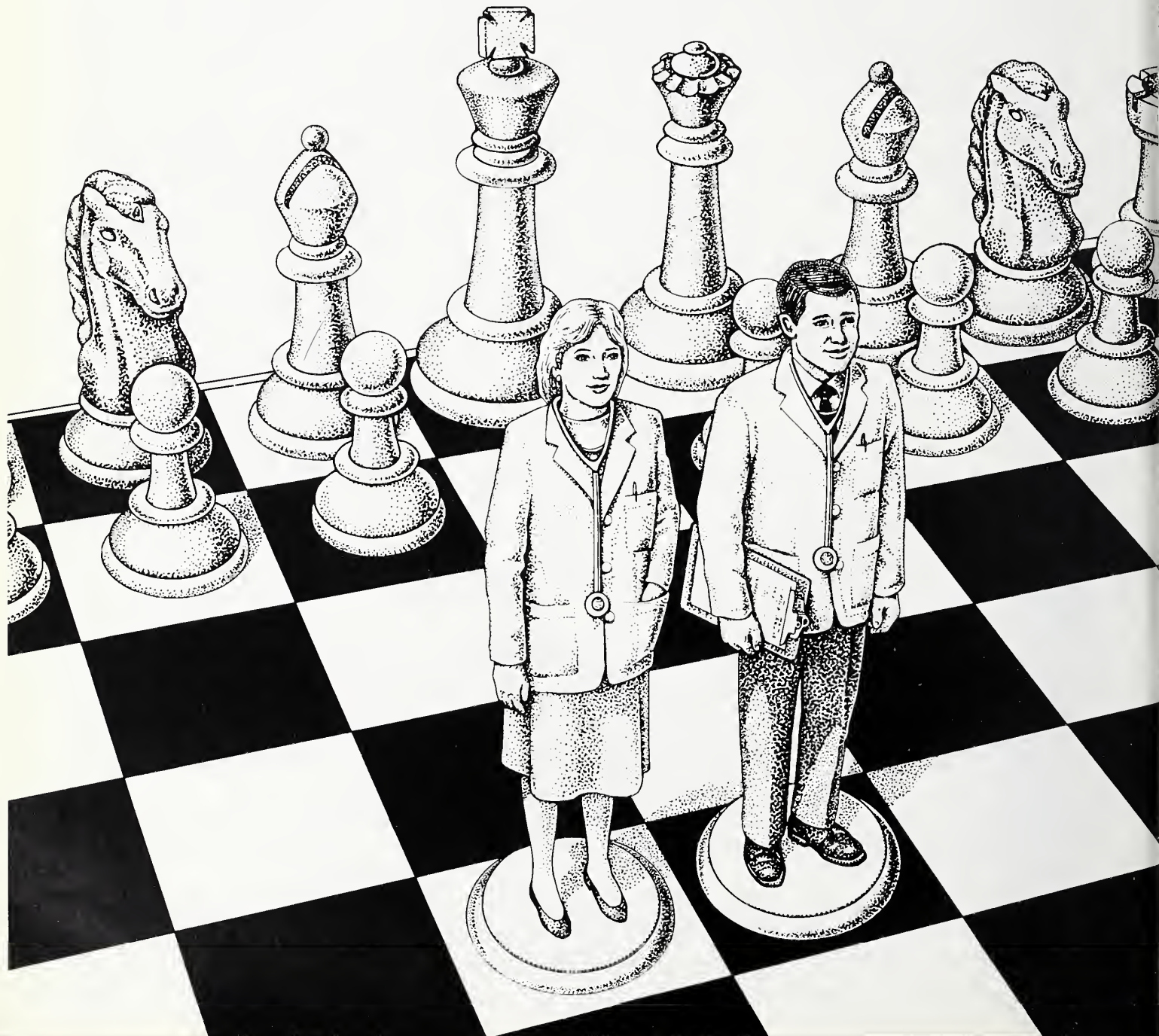
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IN MEMORY

Kenneth Allan Platt, M.D., 64, of Westminster, CO died July 2. Dr. Platt was former medical director of the Colorado Foundation for Medical Care, chief of staff of St. Anthony Hospital Systems, senior Colorado Delegate to the American Medical Association House of Delegates and president of Colorado Medical Society (71-72). He was an active member of CMS for 29 years.

Dr. Platt was born in Denver on October 14, 1923. He graduated from the University of Colorado School of Medicine and began practice in 1953. He established the Westminster Medical Clinic and later helped establish St. Anthony Hospital North. Dr. Platt then became chief of staff of the St. Anthony Hospital System.

Dr. Platt became widely known for his work in the formation of CFMC which, for many years, was a model for physician peer review in the U.S. He was a member of the National Academy of Sciences and was a frequent source of information for Congress on health care policies. Dr. Platt was also widely published and co-authored a number of books and articles concerning health care policy.

In addition to his many and diverse roles in organized medicine, Kenneth Platt was former president of the Clear Creek Valley Medical Society and was a CMS delegate to the AMA from 1973 to 1986. Dr. Platt is survived by his wife, Margaret Elizabeth Platt; two daughters, a son and four grandchildren.

At the 1988 Interim Meeting, March 7, 1988, CMS President Theodore R. Sadler, M.D., awarded Dr. Platt the CMS **"President's Certificate of Appreciation"** for his many contributions to organized medicine. In looking back on the event, and on many occasions when Dr. Platt had been similarly lauded, Dr. Sadler said "I can think of few individuals who have given themselves as completely to their profession, and then who have acquitted themselves so honorably, as Ken Platt; all of this while being devoted to his family and friend to his colleagues and his patients."

Robert E. McCurdy, M.D., of Denver, a long-time CMS delegate (and later senior delegate) to the AMA, said of Dr. Platt "Ken was such a unique individual...in the clarity of his thinking, his vision of medicine's future and his ability to transmit that wisdom to his fellow physicians. Colorado doctors were most fortunate to have this brilliant man represent them at both the state and the national level."

Joseph Kovarik, M.D., Denver and Colorado Medical Society, also served with Dr. Platt as an AMA delegate and knew him well. "As a long time friend, colleague and fellow AMA delegate, I knew Ken Platt as a man of integrity and commitment to his family, his profession and his patients. He possessed the gift of eloquence coupled with clarity of thought and the courage to espouse sincere opinions rather than platitudes, especially when addressing uncomfortable and unpopular issues. He valued his privacy, yet served extensively in the public arena and was an influential and effective representative of Colorado medicine. He leaves a legacy of concern and service for us to emulate."

Dr. William Y. Takahashi of Boulder, another long-time associate, recalled that "Dr. Platt was an extremely astute person in the state and national structure of organized medicine; he was an excellent representative of Colorado physicians before the AMA. It was, indeed, a pleasure to serve with him in both state and national capacities. I first came to know Ken Platt when I served as a member of the CMS Board of Trustees during his term as President. Then, I worked with him in the AMA House of Delegates for 12 years. He was of a very sound mind in the area of medical economics, which also served his constituents well. In addition to all of that, Dr. Ken Platt was a kind, considerate, caring individual and a good friend."



Kenneth Allan Platt, M.D.

Health Issues of Senior Citizens

by *Mildred E. Doster, M.D., Chairman*
Committee on Health Issues of Senior Citizens
George O. Thomasson, Chairman
Council on Community Health Issues
Ellen Stein, Director

At its June Meeting, the CMS committee on Health Issues of Senior Citizens heard a presentation from Ms. Eileen Doherty regarding expanded home care as a possible answer to the expense of nursing home care. Ms. Doherty, who is the Executive Director of the Colorado Gerontological Society, focused her discussion on home care options physicians may wish to consider in providing extended care services to the patients.

The home care movement has been initiated by the health care industry in response to society's negative images of nursing homes. A variety of options exist in the home care movement. The advanced technologies, and subsequent reimbursement mechanisms for home care have expanded the type and amount of care delivered in the home. The home care industry has begun the process of specialization. For example, some specialize in IV therapy, physical therapy, hospice care or respite care. The financial support given to home health agencies to develop Medicare non-profit organizations to provide home health has resulted in intense competition in the industry. Mergers, joint ventures, acquisitions and dissolutions are commonplace. This adds to the confusion for physicians, as well as for families who want to utilize home health care.

Home care may be a cost effective alternative to nursing home placement if the patient has family and/or friends who can provide most of the custodial care. In the Denver area, rates for a semi-private nursing home bed range from \$45 to \$63 per day. If the patient is eligible for services and the cost is borne by a third party, home care can be a cost

effective alternative to nursing home placement. Similarly, the cost of paying privately for home care on a part-time basis may be less than the cost of a nursing home bed. There are times, however, when the cost of home care exceeds the cost of nursing home care. For example, the hourly rate charged by some home health agencies for skilled nursing is \$57 for a minimum of two hours or \$40 for a minimum of four hours for a home health aid. If the visits are required 7 days a week, the total cost could range from \$280 to \$798, whereas, a semi-private room in a nursing home may range in cost from \$385 to \$441 per week.

HCBS

Home and Community Based Services (HCBS), often referred to as Senate Bill 138, is the home health program designed for those on Medicaid and/or those whose monthly income is less than \$1065. These individuals must be at risk of nursing home placement. Home health agencies are certified by the Colorado Department of Social Services to provide custodial care, light housekeeping, respite, grocery shopping and other in-home services. To determine if the patient is at risk of nursing home placement and is eligible to receive services through HCBS, the LTC 101 must be completed by the physician regarding the medical condition of the client. In addition, a functional assessment must be performed by the physician, a nurse, social worker or other qualified person. The Peer Review Organization (PRO) must give prior approval for services based on the LTC 101 scores. Approval of the LTC 101 can be obtained either by

phoning the PRO or by mailing it to the designated case management agency in the county in which the patient resides.

Home Care Allowance

The Home Care Allowance program is another alternative for Medicaid recipients. Individuals who are determined by the county department of social services to be in need, can receive a monthly payment which is designed to help pay either an agency or private individual (usually on contract) to provide similar services to those provided under HCBS. Often a spouse or significant other can be certified to provide care. Depending on the client's monthly income, a co-payment may be required. The following types of services may be provided: a) personal care (dressing, bathing, grooming, getting in and out of bed, eating, bowel/bladder, being left alone, routine and special health needs); b) supportive services (telephoning, transportation, managing money); and c) chore services (shopping, preparing meals, housework and laundry). New clients are not being admitted to this program until August 1 because of funding cutbacks by the Colorado Legislature.

Medicare - Part A (Hospital Insurance)

Medicare-Part A will pay for part-time skilled health care in the home for treatment of an illness or injury. All four of the following conditions must be met: a) the patient must need part-time skilled nursing care, physical therapy, or speech therapy; b) the patient must be confined to the home; c) a physician must determine the need for home health care and set up a home health plan (often this is

(Continued)

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done by the agency and the physician simply signs the paper); and d) the home health agency is certified by the Colorado Department of Health to provide Medicare services. An unlimited number of visits can be paid for by Medicare as long as there is a need for **part-time skilled nursing care, physical therapy or speech therapy**. Medicare will also pay for all costs for occupational therapy, part-time services of home health aides, medical social services, medical supplies and 80% of the approved cost for durable medical equipment. Medicare does not cover general household services, meal preparation, shopping or other home care services furnished mainly to assist people in meeting personal, family or domestic needs.

Medicare - Part B (Medical Insurance)

Medicare-Part B pays for **unlimited** home health visits each calendar year, if all the following are true: the patient a) needs part-time skilled nursing care, or physical or speech therapy; b) is confined to the home; c) the physician certifies the patient is so confined and in need of such care; d) the physician establishes and periodically reviews the plan for home health care; and e) the home health agency is certified by the Colorado Department of Health as a Medicare provider. There is no coinsurance requirement for these benefits. Medicare pays 100% of the approved cost. There is no deductible required for Home Health Benefits. The services are similar to those provided under Medicare Part A.

Title III - Older Americans Act

Under the Older Americans Act of 1965 as amended, one of the priority areas which is funded is home health services. Colorado is divided into 15 Area Agencies on Aging which are responsible for providing home health aide services to older adults in need. Under this funding, the services can include grocery shopping, housecleaning, laundry, and other similar tasks. They do not include skilled nursing care. The services must be provided at no charge to the client, although a donation is requested. Waiting lists are often long because only a limited number of services are funded in each community.

Sliding Scale Fee Services

In some communities, United Way or other philanthropic agencies, will subsidize a certain number of visits by a nurse or home health aide. The availability and costs for services vary from community to community.

Private Pay Home Care
Most home health agencies also provide care to patients who can afford to pay market rate for services. The primary types of services offered through

these entities include: a) nursing care; b) companion services; c) home health aides; and d) live-in services. Rates and types of services vary depending on the care which is needed by the patient.

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Does 'right to die' mean 'right to kill'?

by D. Alan Shewmon, MD

(reprinted by permission from *California Physician*,
Journal of the California Medical Association
January, 1988)

Ed. Note: The following article, reprinted from the California Physician, obviously refers to a ballot initiative which was pending in the California General Assembly in January, 1988. That proposed legislation failed; however, in light of the recent public discussion of euthanasia, the author's views are still quite valid. Dr. Alan Shewmon offers another perspective to euthanasia which should be considered in light of Colorado's "living will" and "right to die" law.

Throughout 1988, our patients are going to be exposed to an increasing barrage of propaganda for the so-called Humane and Dignified Death Act, which would legalize physicians' administration of lethal injections requested by mentally competent patients who are expected to die within six months. The campaign's organizers—the Hemlock Society and its political front organization, AAHS—are not ashamed to resort to the most deceptive rhetoric to win public support for their bill.

For example, a mass-mailed letter from AAHS president Robert Risley states that his wife, who died of cancer, was "forced to suffer" and that "even when a doctor knows that hope is gone...he must legally keep his patient alive on life-support machines regardless of what the patient may want"; that we need HDDA so that a "terminally ill person will have

the legal right to decide whether life-sustaining machines and procedures be withheld or withdrawn. And, if needed, the terminally ill will be able to ask a physician to administer aid in dying." Apart from the calculated disinformation about "machines," the letter is so carefully worded that some readers may not realize that "aid in dying" actually means killing.

"...the notion that people also have a 'right' to be killed if they find life too burdensome."

Legalized active euthanasia poses a much greater threat to the medical profession than DRG's or national health insurance, to say nothing of its threat to society. The advances in pain management and the experiences of the hospice movement make clear that terminal pain is primarily a pseudo-issue used by euthanasia advocates to win public support. Their real motivation is a belief in absolute personal autonomy.

'Right to die' a misnomer

The term "right to die" is unfortunately ambiguous. It sometimes means the right to be allowed to die of one's natural disease; but, through equivocation, the legitimacy of the former is cleverly transferred to the notion that people also have a "right" to be killed if they find life too burdensome.

As physicians, we feel instinctively repelled by the thought of killing patients, and the various ethical guidelines that have been drafted in recent years on local, state, and national levels—have uniformly reinforced medicine's traditional strong stance against active euthanasia as something gravely deleterious to society. Nevertheless, unless we educate ourselves more on the issue and begin to educate our patients and the general public more effectively, it is conceivable that by November 1988 we will find ourselves in the intolerable position of being required either to kill certain patients upon their request or refer them to someone else.

We have to help people realize that, as important as the right of self-determination may be, it is not absolute; like all rights, it is delimited by society's common good. If society wants to remain intact, it should promote the message that death is an inappropriate way to solve physical or emotional problems. This is especially true now, when suicide is the third leading cause of death among teenagers, when the elderly are made to feel more and more of a burden on the younger generation, and when the best solution to the problem of abuses in

(Continued)

Does 'right to die' mean 'right to kill'?

(Continued)

nursing homes is perceived by some to be the "voluntary" self-elimination of the sufferers rather than the elimination of the causes of their suffering.

History has already taught us what happens to society when the self-image of the medical profession gradually evolves from healer to killer, regardless of how noble the initial motives may be. We should not forget that a public campaign for legalized euthanasia began in Germany more than a decade before the Nazis came to power and that it was promoted by highly respected professors of medicine and law. There was a familiar emphasis on compassion, quality of life, costs of care, and voluntarism. The general public was made sympathetic to the idea by movies that featured terminally ill patients in great suffering begging to die, and portraying the unwilling physicians as heartless and the willing ones as heroes.

We should never forget that the first gas chambers were set up, not in concentration camps, but in hospitals, and were first used on sick Aryans, not on Jews. Suffice it to say that the excesses of the medical profession during the Nazi regime would not have been possible unless influential sectors of society, including the medical profession itself, had not already acquired a euthanasia mentality. Anyone who doubts this should read Robert Lifton's thoroughly researched work on the Nazi doctors, as well as the analyses of the U.S. medical consultants at the Nuremberg trials.

Although we have no military dictatorship, we do have powerful social and economic pressures that would quickly transform legalized voluntary euthanasia into a mockery of voluntarism. Moreover, we would be naive to imagine that our courts could protect against the predictable abuses, or that abuses would be rare.

A California appellate court has already demonstrated the legal system's incompetence in determining a patient's competence to commit suicide. By the time the court finally ordered a Riverside hospital to permit, and even to facilitate, Elizabeth Bouvia to starve herself to death, she had changed her mind. If euthanasia had already been legalized, she would never have survived long enough to discover the transience of her death wish, which was motivated by situational depression due to a recent divorce and to rejection from graduate studies on account of her physical disability.

Learn from the Dutch

The Netherlands' experience has already demonstrated the rapidity with which euthanasia for terminal illness evolves into euthanasia on demand, and the courts' impotence in preventing multiple flagrant abuses in a climate of legalized euthanasia. The number of complaints of suspected abuse reported to authorities rose to 24 during the first half of 1987 from 12 in 1986, and undoubtedly this is only the tip of an iceberg. One Dutch physician reports that involuntary euthanasia has become so rampant it is so overlooked by the courts that elderly patients are afraid to be hospitalized or even to consult doctors (Fenigsen, R. Involuntary euthanasia in Holland. *Wall Street J.* Sept. 29, 1987, p. 29).

The Royal Dutch Medical Association has already endorsed euthanasia on demand not only for adults, but even for minors without parental consent. Now promoters want to make it available upon request for the incurably mentally ill, in spite of their lack of decision-making capacity. The events in the Netherlands in the past few years prove the absurdity of the contention that HDDA will be an effective safeguard against abuse or future expansion of criteria for candidacy in this country (even if, hypothetically, death within the specified six months were accurately predictable).

Space does not permit a deeper analysis or listing of references for most of the above points, but they may be found in a recently published review, along with further insights into the euthanasia movement (Shewmon, D.A. Active

Voluntary Euthanasia: A Needless Pandora's box. *Issues in Law and Med.* Jan. 1988).

It is urgently necessary for California physicians to become thoroughly familiar with this issue, to make their position known to their legislators in no uncertain terms, to carry out a public education campaign, to keep up to date in methods of pain control and other symptomatic relief in terminally ill patients, and to promote hospices and home care programs so that patients will not feel a need to be killed in order to die in a humane and dignified manner.

Dr. Shewmon is assistant professor of pediatric neurology at UCLA Medical Center.

PUBLIC OPINION AND HEALTH POLICY CONFERENCE

"Death Defying Decisions: The Power of Public Opinion in Shaping Health Policy"

will be held in Denver, Colorado from **Wednesday, September 28 through Friday, September 30**. The national conference, sponsored by the Center for Health Ethics and Policy and the Colorado Speaks Out on Health Project at the University of Colorado at Denver, will explore the role of public opinion in health policy formation. Also addressed will be withdrawing and withholding care, "Baby Doe" issues, and processes available to gather and influence public opinion.

Keynote speaker will be Alex Capron, Topping professor of law, medicine and public policy at the University of Southern California. Other noted health policy specialists, ethicists, and political scientists will participate. Representatives of community bioethics projects, including Oregon Health Decisions, California Health Decisions, and Colorado Speaks Out on Health, will also report on their programs. For more information call Colorado Speaks Out on Health at (303) 556-4835.

MEDICAL NEWS

ROOSEVELT INSTITUTE RE- CEIVES GRANT

DENVER — The Eleanor Roosevelt Institute for Cancer Research has been named the recipient of its second major grant within 60 days. Robert J. Glaser, MD, Director of Medical Science for the Lucille P. Markey Charitable Trust, and Theodore T. Puck, Ph.D., Director of the Roosevelt Institute jointly announced the five year, \$1.375 million grant for the furtherance of the Denver based institute's work in investigating cellular and molecular genetic approaches to cancer and other diseases.

Puck said the grant money will be used to fund senior and junior science faculty programs, for faculty recruitment and expansion, support of visiting faculty and for the establishment of new divisions of the Institute in behavioral biology and the study of viruses. In addition, two floors of the institute's four-story Rosenhaus Center, 1899 Gaylord, will be remodeled and equipped. Puck said that the Institute's traditional scope of somatic cell genetics and molecular biology will be expanded to include approaches to molecular understanding of a variety of human diseases, selected on the basis of their representative nature and wide applicability to diagnosis, treatment and prevention. He said the Markey grant not only gives needed financial assistance for this, but endorses the institute's scientific mission.

The ERICR was founded 27 years ago as an independent, nonprofit scientific

research organization in memory of Eleanor Roosevelt. Their original mandate for cancer research has been expanded to include a wide range of problems in human health because of the nature of the work of mapping human genes and observing aberrations in cell growth and differentiation.

The Markey Trust was established in 1982 from an endowment from Lucille P. Markey, owner of Calumet Farms, a Kentucky thoroughbred horse racing and breeding stable. The \$400 million endowment is to be distributed within 15 years to further basic medical research.

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Colorado Medical Society President Theodore R. Sadler, Jr., M.D., receives the 1987 Membership Award from AMA President William S. Hotchkiss, M.D., (left) and Alan R. Nelson, M.D., Board Chairman and President-elect of AMA (rt.). CMS received the award during the 1988 National Leadership Conference for exceeding the prior year AMA membership, for the fourth consecutive year.

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Wine: the Original Medicine

by John Meredith, Wine Columnist

Ed. Note: Mr. Meredith is a wine columnist and a student of wines of the world. He is an independent contributor to Colorado Medicine. Views expressed herein are Mr. Meredith's and do not reflect the views or opinions of the members, officers or directors of the Colorado Medical Society. Nor does this column represent a scientific medical study; it is presented solely as a feature for the readers of Colorado Medicine. Reader comments, questions and additions regarding Mr. Meredith's column are welcome. Address them to: Editor, Colorado Medicine, P. O. Box 17550, Denver, CO 80217-0550.

In consideration of the medicinal value of wine, the physician and the patient have a fundamental but simple common interest: to answer the question, "Is wine good for what ails you?" To make this evaluation of wine, as of any therapeutic agent, we are dependent on two things: the conclusion we arrive at through experience - the experience of the patient, of the doctor and of mankind through the ages - and the result we get through scientific and medical research - from experiments in the laboratory and from observations of humans and the human condition. By both approaches, the answer for wine is simply "yes."

Wine has an ancient and honorable history as the oldest of remedies. For centuries, it has been used safely and successfully throughout the old world as an antiseptic, an anti-bacterial agent, an aid to digestion, an appetite stimulant, a diuretic, a sedative, and an aid in the prevention of heart and gastrointestinal disease.

The Greek physician and surgeon, Cleophrastus, who was famous for his medicinal prescriptions using wine, prescribed wine for malaria fevers well before the onset of paroxysms and advised its continued use until after the febrile paroxysms had subsided. Under these circumstances, it is clear that he prescribed wine first as an alterant and then as a sedative. Socrates spoke of wine as lulling the cares of the mind to rest and oiling the dying flame of life - a remedy for the oldest of all human ailments

and still the most universal of all complaints: anxiety.

Many of the wine-based remedies described by Greek pharmacologist Dioskurides in his five-volume *Materia Medica*, written in the first century, were still being used extensively in Europe and the Orient early in this century, and the observations of Hippocrates, which provided a standard reference for physicians for more than a thousand years, relied heavily upon the preventive, restorative, and therapeutic value of wine - "the universal medicine" - in the treatment of injury and disease.

The ancient Romans, Persians, and Chinese knew well the healing powers of wine, and the Old Testament has more than 500 references to viticulture and wine's healing properties. Soldiers under both Julius Caesar and Napoleon were ordered to drink healthy quantities of red wine each day as a preventive against illness and disease.

During the Middle Ages, monks assumed the role of master vintners and physicians, perfecting many medicines based on wine. Charles Bode, in *The Wines of Italy*, relates that "Italian monks used some sort of brandy, a distilled wine, as a cure for malaria as early as the eleventh century." The Pilgrims stocked The Mayflower with what they called "the good creative of God", and toasted one another with this wine at the first Thanksgiving.

Wines and brandies were routinely taken for a variety of ailments in Colonial America; a Colonial wine-based remedy for the common cold appeared in *The Practical Housewife* as late as 1860. Two thousand years after Socrates, Louis Pasteur called wine "the most healthful and hygienic of all beverages." His contemporary, Dr. Francis Anstie, of London's Westminster Hospital, in the comprehensive *On the Uses of Wine in Health and Disease*, specified for the aged, "the highly etherized wines" of rather firm alcoholic strength for their power to produce "tranquil and prolonged sleep."

Today, a hundred years later, wine is becoming widely recommended in geriatric medicine and convalescent care. A 1985 survey of hospitals in the 65 metro-

politan markets (based on population) indicated that 53 percent offer wine service to their patients and that 77 percent of those not currently serving wine have an interest in providing that option. Studies in geriatric and convalescent nutrition indicate that wine is readily metabolized, stimulates a flagging appetite, aids digestive processes, and is often used to improve unpalatable diets; wine has also been shown to boost patient morale and make the patient feel more at ease.

In addition to its ability to mitigate many of the unpleasant accompaniments of aging, wine, used in moderation, has been shown through continuing laboratory research, to have many other medical applications. When taken with meals, wine enhances the absorption of calcium, iron, phosphorus, magnesium and zinc; its B-vitamin and mineral content makes wine a desirable supplementary source of these substances in the daily diet.

The alcohol in wine is metabolized readily without the participation of insulin and, thus, dry wine in the treatment of diabetes provides an excellent source of energy to the diabetic. It aids in the management of advancing arteriosclerosis and is effective in controlling not only the pain and incidence of angina pectoris, but in combatting the depression, apprehension, and anxiety associated with cardiovascular disease.

Recent research indicates that a key to the prevention of cancer and heart disease may lie in the low-fat, low-calorie, high-vegetable-and-fiber diets common to Mediterranean peoples since ancient times - diets that include a glass or two of wine each day. As Dr. David Whitten, California physician, consultant to Kaiser Permanente, and instructor at the University of California Medical School in San Francisco has noted, some research suggests that: "wine enjoys a special place in improved mortality figures" - a conclusion that would not have surprised Hippocrates.

(Next: Wine and foods; are there actually good, better and best food and wine combinations? Why does one fruit yield a more pleasing taste with certain foods than others?)

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August 15, 1988

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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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NOTICE OF CHANGE IN ANNUAL MEETINGSCHEDULE

Due to scheduling difficulties of the Colorado Congressional Delegation, the "Spirit of '88 " political rally/party scheduled for Wednesday, September 14th, has been cancelled.

Since our guests of honor will not be able to attend, the "old fashioned political rally" has been cancelled. We regret the inconvenience of having to change our scheduling, but Washington, D. C. business comes first.

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LEGISLATURE MUST SOLVE STATE MEDICAID CRISIS

by Dr. Robert Hartley, CMS President-Elect

(reprinted from *The Greeley Tribune*, August 7, 1988)

Medicaid was established by Congress in the mid-1960's along with Medicare. It was designed to furnish medical assistance to categories of individuals whose income and resources were insufficient to meet the costs of necessary medical services. States were given the primary responsibility to establish some minimum standards and providing matching funds for most of the program.

As one might guess, when the state economy is depressed, the number of eligibles increases. The current number of Medicaid eligibles in Colorado is close to 150,000; this represents about 5.5 percent of the state's population. This number has increased 14.5 percent in the past two years. More important from a fiscal standpoint is the number of blind and disabled as well as those between ages 60 and 65 (for which there are no federal matching funds) has increased 20.5 percent. This is important because the disabled utilized \$8,400 worth of care last year while the average Medicaid client utilized \$2,800.

There are two distinct but interrelated crises relating to Medicaid. The first is the current budget shortfall for last year. Gov. Roy Romer called last week's legislative special session in part to address this issue. The shortfall for 1987 is \$10 million plus a carryover of \$7 million from the previous year. All providers have received no reimbursement for services rendered in April, May, and June of this year. The chronic shortfall has occurred because the Legislature has been unrealistic in their budgeting process. While the number of recipients has gone up 14.5 percent, the budget has only gone up 8.1 percent. With a total budget for medical programs next year

of over \$435 million, these percentages rapidly account for large numbers of dollars.

The Legislature has always underfunded and then come back later with a supplemental appropriation. Even so, when the number of recipients was increasing, the budget for physician services was decreased from \$25.6 million in 1986-7 to \$21.1 million last year. Even knowing that the past year's expenditures were \$27.1 million, the budgeted amount for next year is \$21.8 million.

Most of the slow rate of increase in expenses has come about by freezing physician reimbursement rates, limiting elective surgical procedures in the last three to four months of each fiscal year, and by reimbursing all procedures at very low rates. Primary care physicians are being reimbursed approximately 65 cents to the dollar, specialists about 40 to 50 cents, and hospitals about the same.

At the present time, the provider community is sharing most of the burden. Because of this, and the increasing paperwork and regulations which accompany it, many providers are declining to participate in the program. There are now 11 counties in Colorado where a Medicaid recipient cannot get care except on an emergency basis, and at least 10 more counties where there is a marked shortage of providers. As these budget problems continue to increase, the squeeze on the provider community will intensify, and access will be further restricted.

This leads directly to the second crisis. We need to find a long-term solution to this problem. This is a societal problem and must be dealt with in such a manner. It can no longer be placed upon the shoulders of only one segment of our economy.

Any discussion of the future of Medicaid is inextricably linked to the greater issue of the medically indigent. This group includes the working poor, those without health insurance, and those who are not eligible under Medicaid by state

regulation. To be eligible for Medicaid in Colorado, one has to be below 65 percent of the poverty level, about 5.5 percent of our population. If we expanded Medicaid to 100 percent of poverty, this would increase the numbers from 151,000 to about 467,000, or over 20 percent of our state's population. This would increase our state expenditures by more than \$260 million.

What is not readily apparent is that we are already paying for much of this care. All providers — physicians, hospitals, pharmacists, etc. — now cost-shift. That is, fees are increased for those who can pay to cover the costs of those who can't. This can only partially be done so there is a large portion of the population which is receiving very little or no medical care.

What is our societal obligation in this area?

A recent survey by the Colorado Trust showed that 98 percent of Coloradans feel that access to medical care is important. If this is true, how then do we provide for it? At what level do we fund it? Do we further ration care for those who can't afford to pay? Do we continue to primarily place the burden on the provider community? Do we shift this to the business community by mandating universal health insurance? That same survey also shows that only 37 percent of Coloradans would favor an increase in taxes to pay for this care. How then do we deal with this as a state? We are faced with tough decisions of resource allocation in a time when resources are becoming more limited.

It is obvious that the answers to these questions will not have been addressed by the Legislature this past week. At most, we will continue to apply another layer of Band-Aid, hoping that this will hide the problem so we won't have to deal with it further. We cannot afford to continue to make decisions which only aggravate the situation. *CM*

PHYSICIANS IN RECOVERY: CPHP Report

by Stephen L. Dilts, MD, PhD, Medical Director
Colorado Physician Health Program

In March of 1986, the Colorado Physician Health Program (CPHP) opened with the goal of helping to identify and refer into treatment those physicians who are having difficulties with psychiatric or substance abuse problems. It was the hope of the Medical Society in creating this program that problems could be identified early before they progressed into difficulties which threatened the physician's ability to practice. In the last two years CPHP has had 124 referrals of which 95 are open cases. Approximately 2/3 of these cases are substance abuse problems and the remainder are mainly depressions. It is important to note that over 1/3 of the referrals have been from outside of the metropolitan area.

When the program was being planned, AMA estimates indicated that we could expect a 90% recovery rate, a higher rate than that found in the general population who enter treatment, and this high degree of success was thought to be related to physician's fears that their licensure could be affected if they didn't take care of their problems. Similar results have been found in other professionals where licensure is also important, e.g., airline pilots. At this time, we only have had two serious relapses and the remainder of the cases are either thriving in their recovery from their problems or making good progress toward that end.

In watching the recovery of our substance abusing physicians, it has been fascinating to think of parallels between their recovery through the principles of Alcoholics Anonymous and the recovery that needs to happen in the physicians who are depressed. Because of the way in which the media portray AA, we tend to think of AA as only involving public meetings in which speeches are given about a person's history of alcoholism. Although these group meetings are important and supportive, the real work of AA occurs in closed meetings, discussion groups, and individual work with the alcoholic sponsor. This working through problems of life involved in

the person's alcoholism is outlined in AA's Twelve Steps and this process is the core of a successful recovery. This process can happen in other forms of treatment but the wisdom and availability of AA makes it an important mainstay of treatment. Two main themes emerge from the working of the Twelve Steps: the need to work on perfectionism and controlling behaviors and the need to work on ability to handle and tolerate feelings. In the practice of medicine, perfectionism is a needed quality but it can be carried to an extreme in which the physician is frantically trying to control all aspects of an uncontrollable world. AA teaches its member to let go of the need to control, to accept life as it comes, and to gain some sense of serenity, allowing a person to sit back and enjoy life. Good control of feelings is another desirable quality in a physician but also can be carried to an extreme in which the physician is not taking care of himself and is "stuffing" feelings inside. In the recovery process in AA, people learn how to experience their feelings, handle them, and learn everyday methods for coping with anxiety, tension, and depression. It seems clear that some elements of this program would be useful to anybody whether they are alcoholic or not.

In our cases of depressions, the most common theme is practice stress and burnout even in referrals who are still as early in practice as being a resident. Although we do not have a readily available recovery program similar to AA for the treatment of depression, it seems clear that the symptoms of practice stress and burnout could be and are relieved by practicing the principles of AA as outlined above.

It has been interesting to note in both groups of diagnoses that there seems to be a high incidence of parental substance abuse. In recent literature, there has been a growing body of knowledge about adult children of alcoholic parents; common findings in this group include

perfectionism, difficulty in handling feelings, difficulty in relationships, and the tendency to overly take care of and feel responsible for other people. These qualities seem to describe many of us in the practice of medicine and this leads me to speculate about whether children of alcoholics or dysfunctional families may preferentially select the helping professions, leading to a greater vulnerability in those professions for difficult in adapting to practice stresses and burnout. This topic has not been researched but if the hypothesis turned out to be true, this finding would have implications for how we prepare our medical students for practice. In fact, the principles of recovery that AA has learned so well might be useful tools for all of us to learn.

C/M

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Share your concern for Colorado's children by attending a two day state wide conference in Denver on October 27 & 28.

"Let's do Something About Child Abuse!" (co-sponsored by CMS) will help you identify methods of combining public and private efforts to prevent and treat child abuse and neglect in your community.

Who should attend?

Medical professionals, community and business leaders, law enforcement officers, social workers, teachers, day care providers and volunteers.

The conference will provide an opportunity for participants to work together, and discuss ways to prevent and deal with child abuse and neglect in your community. Sponsored by Family Focus, Inc. (formerly Child Abuse Prevention Volunteers), the conference has attracted well know speakers in the field of child abuse and neglect from across the nation.

For registration information, contact Family Focus Inc., 1649 Downing Street, Denver, CO 80218 — (303) 860-0023.



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DEATH, DISABILITY, RETIREMENT INEVITABLE — BUT FUNDED

There continues to be some misunderstanding surrounding the terms and conditions which apply to the Extended Reporting Endorsement ("Tail Policy") under various scenarios. To clarify and explain the issue, take a moment to read and understand the following, which apply to all COPIC insureds and policies:

DEATH — Upon the demise of an insured physician, a person acting on behalf of the physician's estate need only apply for, and be issued, an Extended Reporting Endorsement *at no additional premium charge*. This endorsement in effect converts coverage to the occurrence form, providing protection against all future-reported allegations of medical negligence.

DISABILITY — If an insured is temporarily disabled and unable to practice, upon substantiation of that disability by his attending physician COPIC will place his policy in "suspense" (for a nominal 1%-of-premium charge) until he can return to active practice. In this fashion, continuous coverage is in force, and there is no need to consider "tail coverage".

If a physician's disability is judged permanent, and he wishes to terminate coverage for that reason, the COPIC policy provides for the issuance of "tail" coverage in that circumstance *without the payment of additional premium* - i.e., the tail policy is free in the event of total, permanent disability.

RETIREMENT — Physicians aged 60 or older, after six years of coverage under a COPIC policy, will be issued the Extended Reporting Endorsement free of charge. The pricing of the Reporting Form policy while in force is designed to address this contingency, to permit normal retirement without the financial burden of a whopping tail policy premium at the moment of retirement. Application for this benefit must be submitted to the company within 60 days following retirement and the termination of coverage.

TERMINATION OF COVERAGE

For those insureds who cancel coverage for reasons other than those addressed above (changing to another carrier, moving out of state, etc.) the Extended Reporting Endorsement is available and is priced at 100% of the expiring premium. Translation: If your most recent annual premium paid was \$10,000, and you are leaving COPIC on some basis other than death/disability/retirement, your "tail" premium will also be \$10,000. Other carriers in Colorado provide tail coverage at premiums which range from 180%-220% of expiring premium - a significant advantage of the COPIC policy as you plan for the future.

Questions on these or other issues may be directed to the Policyholder Services Department (303) 779-0044 (WATS 800-421-1834).



COLORADO MEDICAL SOCIETY

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(303) 779-5455

Out of Denver area members can dial 1-800-654-5653

April 18, 1988

Dear Physician/Nursing Home Medical Director/Nursing Home Director:

The Emergency Medical Care Physician Advisory Committee of the Colorado Medical Society has recently revised the Physician Resuscitation Order form, which had been developed for nursing home residents.

Please review this document and consider its implementation. The committee feels that distribution and utilization of this document will encourage appropriate communication among all involved parties in the event of a deteriorating medical circumstance.

Thank you for your consideration.

Sincerely,

Stewart L. Greisman, DO, FACEP
Chairman, CMS/EMPAC

ATTENTION: Medical Directors and Attending Physicians at All Colorado Nursing Homes

Emergency Medical Technicians (EMT's) in most areas of the state, as well as EMT-Intermediates and Paramedics throughout the state, provide care under the direction of a qualified physician advisor. Assessment and treatment protocols have been established by this physician for EMT's operating under his/her medical control. When an emergency response is initiated, the responding EMT's will provide care to the extent of their protocols unless otherwise directed by a responsible physician's written order.

Basic life support resuscitation includes CPR (chest compressions, ventilation and O₂) only.

Advanced life support may include any or all of the following:

1. Intravenous line
2. Intubation
3. Cardiac monitor
4. Defibrillation
5. Emergency cardiac medications
6. MAST pants
7. Lights and sirens transport

Your nursing home patients require special care, attention and understanding. Many of these patients may not desire full resuscitation in the event of a rapidly deteriorating medical circumstance.

You have the opportunity to determine the level of care and specifically, the level of resuscitation efforts which best meet your patient's needs. The pre-hospital care providers would like to provide the appropriate care if and when they respond to your nursing home patient. They need your instructions regarding the extent of care to be provided.

Please initial the appropriate responses on this document and sign. This form, on the patient's chart, will serve to authorize your instructions. This is not a consent form. It is a Doctor's order placed on a special form, in order to facilitate its location rapidly in a critical situation. This document was prepared to encourage an important decision in advance of a crisis. No consent form is needed for a physician's orders. Use of this form should be accompanied by an appropriate clinical note on the patient's chart.

We encourage you to discuss these orders with your patient, if he/she is able. You may wish to discuss this plan with family members as well.

PHYSICIAN RESUSCITATION ORDERS

Health Care Facility: _____ Date: _____

Patient's Name: _____ Attending Physician: _____

NOTE: Attending physician — please initial the appropriate response.

☐ Do not resuscitate. Do not initiate emergency response call.

☐ I authorize basic life support resuscitation (chest compression and O₂). Do not call for emergency personnel (i.e. EMT's paramedics) unless the patient responds to these efforts and requires transport to a hospital. Give a copy of these orders to the emergency care responders.

☐ Initiate emergency response. Give a copy of these orders to the emergency care responders. I authorize the following limited intervention (please circle appropriate items):

- | | |
|-------------------------------|----------------------------------|
| 1. Full Advanced Life Support | 5. Defibrillation |
| 2. Intravenous line | 6. Emergency cardiac medications |
| 3. Intubation | 7. MAST Pants |
| 4. Cardiac monitor | 8. Lights and sirens transport |

I understand that a patient on a cardiac monitor will require an IV to allow treatment of dysrhythmias, and may require certain emergency cardiac medications. Paramedics and some EMT-I's are authorized to provide drug therapy.

In the event of transport to a hospital, I prefer that this patient be transported to: _____

I understand that the EMT's may divert a patient to a closer, qualified hospital if the patient's condition is unstable. Such diversion would be authorized by a base station physician in radio contact with the EMT's.

I have discussed these orders with the patient and/or family.

Physician's Signature _____ Office Telephone Number _____

by Bill Pierson, Managing Editor
Colorado Medicine

Many CMS physician members have seen reference to the "Jail Health Care Project," or heard about the program in a variety of arenas. Just how many physicians understand the importance of this program is another question. Let me give you some answers to questions you may not have thought of asking yet.

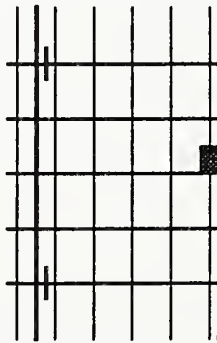
First, have you ever been in the "slammer?" I would hope not; however, if you had it would greatly help your understanding of the problem faced by the general public when we speak of inmate health and what role you, as organized medicine, should play. The health and welfare philosophies of the "ins" and the "outs" (to use jail and prison jargon) are as different as black and white. If you are one of the "ins," you know what it's like to be bunked with a totally unknown person and health risk. If you are one of those other "ins," the jail and prison personnel, you know how it feels to have to work with and work on these unknowns every day, wondering what the inmate's health condition is, how infectious he or she may be to you and to other inmates, how much of this health problem may be carried throughout the correctional system and back into the general public, and what in the world you can do to protect yourself.

If you are a correctional system administrator (one of the "ins"), this question alone can become a recurring nightmare: which of the inmates will take his case to the various courts of appeal on the grounds of human rights, constitutional rights and freedoms; how many will find a sympathetic ear of the ACLU, etc. As an administrator, how much of your experience can be based on scientific medical knowledge? So where do you turn for this kind of information? Should the Department of Corrections be your medical resource base?

If you are a member of the correctional staff, how much beyond basic first aid have you had which will help assess the health and medical needs of an inmate? Other than the (usually) obvious sexual divisions of the species, how do you decide where and how to house

these people? If there is no full-time physician or health-care professional on staff, how and by whom are decisions made, and how accessible are treatment facilities? As a jailer, if it falls to your lot, the outcome might be very risky...if you are not schooled to some degree in case assessment.

If you are one of the general public who, you hope, will not have to be incarcerated, how does this dilemma affect you? Let's talk about taxpayer dollars. Enough said? The cost of institutional life is phenomenal without the health care glitches we're talking about here. If you have a member of your family, a friend or a loved one who is thrown into the local holding "tank" (it can happen to anyone) even for a few hours, what might that person's health risks be by having to associate in close proximity with the "unknown" inmates? I believe I've said enough regarding the need to look closely at the standards of health care in Colorado jails and correctional institutions.



Colorado is fortunate to have had a public and patient-conscious group of professionals in 1980 who agreed with the National Association of District Attorneys and was willing to cooperate with the federal Law Enforcement Assistance Administration (LEAA), taking advantage of limited federal matching funds to construct a standards of care program for correctional institutions. This program is still under way in Colorado, even though the federal "seed money" ran out five years ago. The program has been continued to bring about a uniform standard of care to all of Colorado's 56 county jails plus other holding

facilities and the state reformatory and penitentiary. The program is now a state corrections budget line-item. Colorado Medical Society contracts with the Department of Criminal Justice each year to carry out this program, providing training and accreditation resources to any institution wishing to come under this national health care standards program.

The program is vital today, much more than when it was begun, because of the AIDS crisis; AIDS is no longer endemic -- it has jumped sexual as well as social barriers. Now, the CDC reports a resurgence of tuberculosis among prison and jail inmates. AIDS and TB go hand-in-hand. Where better to breed and spread than in an institution where the population is kept at close quarters over long periods of time and then released to the general society? Who can be better qualified than the physician community to help establish the health standards and then see that these standards are broadly if not universally applied?

You are the profession we must depend on to set standards of care, and it is your profession whose responsibility it is to care for the ill and to be the advocate of your patient. Even if you say that those people so incarcerated have lost their right to those benefits and blessings we often take for granted among the "outs," it is easy to see what a deleterious effect the lack of attention to the prison population's health will have on all society.

We are fortunate in Colorado to have a far-seeing physician community which has early-on realized the need for these institutional standards of care, has worked toward and given to the effort of uniform jail health care standards.

We are also fortunate in that Colorado has become a national model for such programs and has been duly recognized by the National Commission on Correctional Health Care with an award (see announcement in this issue) for its work.

What we need is every Colorado physician's awareness and continued support of the program.

C/M

Now Just A Minute - - Who's Paying The Debt To Society, the Jailer or the "Jailee"?

by *Charles Wilkes, J.D.*
Assistant Executive Director
Colorado Medical Society

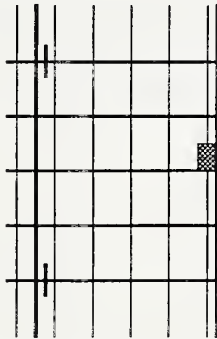
I used to be the security officer in charge of the prison "hospital" at the Idaho State Correctional Institution. One winter night I got a call from the shift commander that an inmate was down in one of the cell houses. The graveyard shift, indeed the entire time, was covered by an inmate MTA. I dispatched him to the cell house with a stretcher. He returned with an inmate strapped to the stretcher, bleeding profusely from a clean cut nearly from ear to ear. We worked to stop the bleeding and patch the wound. It turned out not to be life-threatening and we moved him to a room where I chained him to the bed, hand and foot; it was standard procedure.

I went to check on him a short while later and found him writhing on the bed. He complained of stomach pains. I questioned him further and elicited the information that he had "swallowed some coat hangers". Now I bore in on the questioning and found out he had also swallowed three spoons and several razor blades.

After determining that he was probably telling the truth, I notified the shift commander who ordered the ancient prison ambulance brought around to transport the inmate to the hospital in Boise. Due to the cold weather and the age of the ambulance, it took the better part of an hour to get him aboard and on his way to the hospital. All the while during the wait, he increasingly complained of stomach pains radiating to the back and sides. Was he bleeding internally? Had the cut-up coat hangers punctured his stomach or had the razor blades sliced through? We had no way of knowing. We had no equipment for X-rays. The blood pressure cuff gauge didn't work - it probably never had. Our ability to monitor vital signs was very limited.

It turned out that the inmate had in fact

swallowed three wire coat hangers which he had cut into three-inch pieces. He had also swallowed three metal spoons and five safety razor blades, albeit still in the paper wrappings. Unbeknownst to me or the inmate MTA he had done something similar on two previous occasions. He had broken up with the same prison boyfriend twice before and each breakup led to this strange midnight eating.



This story is not that unusual in a prison health care setting. Had he begun to bleed internally or become unconscious before we reached him we would not have known of the ingested metal. Even if we had, getting him to proper care was very difficult and death could easily have been the outcome. Prison and jail health care has historically been a backwater issue. The fact that one might die or become seriously injured as the result of poor health care has been perceived as one of the unspoken risks of committing a criminal act.

The Colorado Jail Health Care Project is one of the leading programs in the nation dealing with this issue. It is not just a program, it is an award-winning one, with a history of success. It deserves the support and backing of all Colorado physicians.

C/M

CMS JAIL PROJECT RECEIVES NATION- AL RECOGNITION

The Colorado Jail Health Care Project, administered by Colorado Medical Society, will be honored at the 12th annual Conference on Correctional Health Care (NCCHC), to be held in Orlando this fall. Bernard P. Harrison, President of the National Commission on Correctional Health Care, a nationwide accreditation organization for jail health care, made the announcement July 5. Harrison said of the program to improve medical care in the nations prisons, jails and juvenile confinement facilities, that "CMS's continued support and the expert assistance of Ellen Stein and her colleagues has had such a positive impact on correctional health care that it is often cited by the courts and by state and local legislative bodies."

Harrison invited Jail Project staff to receive a national award at the Conference, October 31 through November 2 in Orlando, citing Colorado as an example of how state medical societies have been the program's most important asset.

Ellen Stein, Project Coordinator, said the Project staff were gratified by the award, as they have put a lot of hard work into the effort to improve the quality of health care in Colorado's jails. She cited the Colorado Project's efforts in getting 11 jails accredited by NCCHC and having about a dozen more who are interested, along with their efforts in communication, both between jails and the Society, and among the jail personnel themselves. The project has also provided technical assistance, training and support services in its attempt to aid jails in providing better health care.

The Colorado Jail Health Care Project is operated by CMS under contract with the Colorado Division of Criminal Justice and is widely hailed as a model for similar projects around the country. For more information, contact Ellen Stein, Project Coordinator at the *Colorado Medical Society*, PO Box 17550, Denver, CO 80217-0550, (303) 779-5455.

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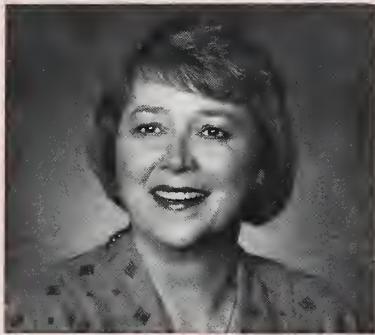
Mile High News

1987-1988 Vol. 1, Issue 5

Colorado Medical Society Auxiliary

August, 1988

PRESIDENT'S MESSAGE



Roberta Sadler, President

I hope that you and your physician spouse are making plans to attend the Annual Meeting, September 15, 16 and 17 at the Marriott City Center in Denver. A Program Committee of CMS, CMSA and staff members has been working for several months and an outstanding program - educational, business

and social - has been planned. The theme for the meeting is "The Physician and the Family." Details of speakers, events, registration information, etc., are included in this issue of *Colorado Medicine*. Auxiliary events are printed in bold type in the Annual Meeting Schedule. Registration for all functions is to be made through the CMS office.

The incoming board meeting and luncheon on Thursday will be for those serving on the CMSA Board with our new president, Sharon Cunningham, in the 1988-89 year. It will provide time to get acquainted as well as to discuss plans for our ensuing Auxiliary year. There will be a discussion on "Board Efficiency" led by facilitator Debbie Hartley of Colorado Springs.

Friday will be a very full day for Auxiliaries. We'll begin with the Prayer Breakfast at 7 a.m. Don Reeverts of the Denver Leadership Foundation will be our speaker again this year. He is popular with auxiliaries and society members and will have some inspiring thoughts to share concerning the physician and the family. You won't want to miss!

Resolutions presented to the Resolutions Committee have been assigned to one of three Reference Committees (Ref. Com. A - Budget; Ref. Com B - Organizational Affairs; Ref. Com. C - Bylaws). These reference committees will meet Friday morning at 8, 9 and 10. All auxiliaries and guests are invited and urged to attend the meetings to discuss the resolutions. Delegates have received copies of the resolutions and will be discussing them with auxiliary members in their counties. If you'll be unable to attend a reference committee meeting, please contact your county president for names of your county delegates, so that you can voice your opinion through them.

A brunch is planned for Friday at 11 for County Presidents and Presidents-elect. Special guest and speaker for this event will be Jean Hill, AMA Auxiliary President-elect. Jean is a charming, capable and inspiring lady. Those of us who know her are excited to have the reast of you meet her - and to have her meet you! Kathleen Gamblin (Kenneth - El Paso) will give a presentation on Parliamentary Strategy.

At the same time there will be another luncheon for all the rest of us - an Auxiliary Friendship Luncheon. We hope it will be exactly that - a time when we can get together with our old friends and perhaps meet some new ones. We will recognize some special groups at this time - our Gavel Club (all past presidents of CMSA), our male auxiliaries, our members-at-large, and our resident physician spouses. We welcome all auxiliaries and friends of the Auxiliary at this luncheon.

The Educational Program is scheduled for Friday from 1 to 4 p.m. The details are found elsewhere in this issue. The program has been designed to interest all society and auxiliary members. Each speaker is outstanding in his special field. Don't miss them.

Friday evening is the dinner-dance - Curley Sawyer has worked hard with CMS staff members to plan a gala evening for all of us - a delicious dinner, a great band, and an opportunity to get dressed up for a special evening. Ted and I hope that each of you and your spouse will come help us celebrate the conclusion of another successful CMS/CMSA year.

Saturday morning early (again!) begins with our installation breakfast. Jean Hill will install our new officers. This, too, will be a special event, and you'll want to be there to wish Sharon Cunningham and our other new officers the best year ever. AMA-ERF, membership and poster contest awards will be presented to the winning counties at this time.

Our House of Delegates convenes at 9 a.m. Saturday. This is the third and final year of our trial period for the House of Delegates. All business will be transacted by County and Board delegates, but all auxiliaries are invited to attend the House meeting and observe the proceedings. County Presidents will be featured., Each will give a 2-minute speech outlining plans for their Auxiliary year. This was a highlight in last year's agenda and we are certain that it will be again this year.

Let me say it again - Please do plan to come to our Annual Meeting. It will be a greater success and much more fun if you are there. See you in September!

MEET MADAM PRESIDENT



Sharon Ann (Bartlett) Cunningham (Mrs. Leon) will be installed as President of the Colorado Medical Society Auxiliary at our Annual Meeting in September.

Sharon was born, grew up and was educated in Nebraska. Presently, she and her husband, Leon, a Dermatologist, reside in Colorado Springs. They have three children: Andy, 19; Ann,

18; and James, 13.

A varied background of volunteerism has prepared Sharon well for the job of CMSA President. She has been active in Officer's Wife's Clubs, PTOs, political and community affairs and projects. She has held several positions in the El Paso County Auxiliary, including President, and has served the CMSA as Vice President, Corresponding Secretary, Fall Meeting Chairman, and Long Range Planning Chairman.

Sharon has "retired" from her position as Social Studies and English teacher, but continues to practice those principles as an active historical researcher. She gives guided tours and has written booklets and articles on the history of the Manitou Springs area.

Sharon brings enthusiasm and charm as well as experience and expertise to her new position. She looks forward to sharing a great year with all auxiliaries in Colorado.

MEET AMAA PRESIDENT-ELECT

Jean Hill (Mrs. J. Edward) of Hollandale (Delta-Washington County), Mississippi, will be CMSA's honored guest at this year's Annual Meeting. She was elected president-elect of the AMA Auxiliary at the 1988 Annual Session of the House of Delegates.

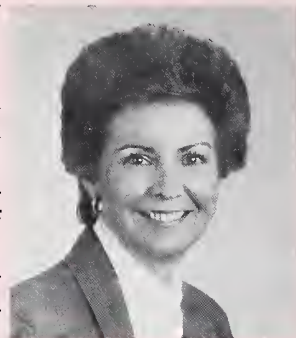
Active in the medical auxiliary for many years, Mrs. Hill previously served at the national level as secretary, regional vice president, director, chairman of the Health Projects Committee and member of the Resident Physician/Medical Student Spouse, Membership, Legislation, and AMA-ERF Committees. For her state and county auxiliaries, Mrs. Hill has served as president and in a variety of other positions.

In addition to her medical auxiliary activities, Mrs. Hill has been involved with a variety of volunteer organizations, including the Mississippi Heart Association, the Mississippi Kidney Foundation, and the Washington County Mental Health Association. She is a member of the Board of Directors of the Mississippi Federation of Republican Women, and was honored as one of Mississippi's outstanding Republican women in 1986.

A graduate of the University of Mississippi Medical Center, Mrs. Hill is a registered radiological technologist.

Mrs. Hill and her husband, Edward, a family practitioner, have two daughters.

Thursday, September 15, 12:00 to 3:00 p.m., Penrose Room



Attending the AMA Auxiliary Annual Meeting in Chicago were six generations of CMS Auxiliary Presidents, past, present and future. Standing, l-r, Catherine Yoder, CMSA nominated President-elect, Ginger Underwood, CMSA Legislation Chairman, Mary Hanson, AMAA Western Regional Vice President, Susan Barnard, AMAA Long Range Planning Committee. Seated, l-r, Sharon Cunningham, CMSA President-elect, and Roberta Sadler, CMSA President.

AMAA ANNUAL MEETING

President-elect Sharon Cunningham attended the Annual Meeting as a Colorado delegate, attending all meetings of the House of Delegates as well as the breakout sessions. She also met other state presidents and shared problems and ideas.

Roberta Sadler served as Presidential Delegate and Chairman of the Colorado delegation. Her state report focused on the idea of the "Colorado Continuum" - the ongoing calendar that has given our state auxiliary continuity, has helped train our leaders and has made us stronger at all levels.

AT YEAR'S ENDING FOR THE PRESIDENT

As my year as President of the CMSA begins to wind down, I am experiencing many different feelings. But mostly I feel immense gratitude to each of you for your support and encouragement, for your many outstanding accomplishments, for your advice and expertise, for your warm friendship and for allowing me the privilege of serving you as your President.

A special "thank you" to Sharon Cunningham who has been a wonderful working partner and a special friend throughout the year.

Roberta Sadler
President

METRO AUXILIARIES FUND "PROJECT CARE"

A little-used checking account was closed recently and almost \$650 was donated to CMSA's Project Care by the Denver metropolitan auxiliaries. In the past, the Denver area auxiliaries supported a health careers day at UCHSC. Now that the Health Careers Council exists, the career day has not been done for some years. The Project Care donation was suggested at the last CMSA Board meeting. Hearing no objection from the concerned auxiliaries, the vote was taken and passed to put the funds to good use in support of the Project Care program.

ANNUAL REPORTS DUE

Reminder to all outgoing committee and other chairmen: your annual report is due. Please take the time NOW to write and mail your annual report to Paula Schira, CMSA Corresponding Secretary, 5031 So. Fulton, Englewood, CO 80111.

RESOLUTION SUMMARIES

Below are eleven summaries of resolutions to be considered during the 1988 CMSA House of Delegates. The CMSA will meet at the Marriott Hotel, Denver, September 15-17. These resolutions have been reviewed by the Resolutions Committee and will be discussed Friday morning, September 16, by the membership in three reference committees from 8-11 a.m. For complete copies of the resolutions, please contact your county president, or other delegate.

- 1) That the treasurer-elect of the Colorado Medical Society Auxiliary be responsible for collecting all dues and work with the membership chairman in preparing the current roster.
- 2) That CMSA Regional Directors endeavor to set up personal contact and regular visits to county auxiliary and members-at-large in each region.
- 3) The Colorado Medical Society Auxiliary shall encourage county auxiliaries to work in coalition with other health agencies of their community and state that are endorsed by the county medical society.
- 4) That the Colorado Medical Society Auxiliary join the Colorado Medical Society in efforts to recruit medical student, resident physician and spouse membership.
- 5) That the AMA Auxiliary encourage its state and county auxiliaries to continue to educate members, and promote individual communication with local, state and regional lawmakers, in regard to legislation pertaining to health care.
- 6) That the officers of the CMSA take office in the spring to coincide with the county auxiliaries.
- 7) That the CMSA Long Range Planning Committee study the structure of constituent auxiliaries and find a mutually agreeable time for collection of state dues.
- 8) That the CMSA Finance Committee consider two mailings to the entire membership encouraging attendance at the Spring and Fall General Meetings.
- 9) That the roster be published in the former style and size.
- 10) That the Denver Medical Auxiliary recommend that the House of Delegates be dismissed and not established in the bylaws.
- 11) That the CMSA take steps to insure that (all) CMSA members receive all notifications and publications to which they are entitled.

AMA-ERF AT ANNUAL MEETING

An old friend will be returning to the CMSA Annual Meeting: The Colorado tote bag will reappear at the Country Store. In years past the Colorado columbine tote bag has been a favorite of auxiliaries as a gift for others and for themselves. The bags have been so popular as gifts that a new crop is being produced as we go to press. In addition, several auxiliaries are bringing special items of interest to this year's Country Store. The proceeds of the Country Store benefit the AMA-ERF, as in the past.

All those attending the Annual Meeting are encouraged to do their fall and holiday shopping early at the Country Store.

COUNTY NEWS

CLEAR CREEK

Clear Creek Valley Medical Society Auxiliary is pleased to announce the recipients of two \$1,000 scholarships offered this year.

Christine Cevnar is studying physical therapy at the University of Colorado. This will be the third year Christine has been given a scholarship by the Auxiliary.

Lonnie Foley is studying nursing at Front Range Community College. In the fall she will begin her second year of the two year program.

We wish them continued success in their pursuits.

Maryl Pfenninger

PUEBLO

Private donations of around \$1,000 were made by Pueblo County Medical Society auxiliaries and their spouses for Dr. & Mrs. Harlan Nietfeld, missionaries to Africa and former Puebloans.

The money will provide a 220 volt oxygen concentrator and the generator to operate it, for use in surgery.

Dr. Nietfeld, a surgeon, and Marilea, a nurse, serve in the Kuluva Hospital in Uganda, Africa

Betty Lenz

IN MEMORIAM 1987-88

Stella Low (Harold T.) -- Pueblo

Genevieve Corry (E. H.) -- Pueblo

Hazel Gist (Wallace) -- Pueblo

Jean Hayhurst (Dale W.) -- Pueblo

Lily Wright (W. Lloyd) -- Clear Creek

Betty Chau (Paul M.) -- Clear Creek

Mary M. Collier, M.D. -- Clear Creek

Margaret Murphey (Bradford) -- Denver

Virginia Lichty (John) -- Denver

Ruth Verploeg (Ralph) -- Denver

Marie Ley (Eugene) -- Fremont

Marion Nash (Rex D.) -- El Paso

WHAT: *What's In It For Me?* A CMSA EVENT

WHEN: October 20, 1988

WHERE: The Julie Penrose Center in Colorado Springs,
1662 Mesa Avenue (Behind the Broadmoor
Hotel)

TIME: 9:00 - 9:30 Coffee
9:30 - 11:30 a.m. - Team Building Workshop -
What Position Do You Play?
11:30 - 2:00 p.m. Team Building Exchange
2:00 - 3:00 p.m. CMSA Update

SPEAKER: Rev. Paul Ouzts - Director of Pastoral
Care at Penrose Hospital, Colorado
Springs.

COST: \$20.00 This includes lunch, workshop and the
Myers-Briggs Indicator Questionnaire.
Your check is your reservation. Make it
payable to CMSA.
Send to Kathleen Gamblin, 220 Elm
Circle, Colorado Springs, CO 80906, by
October 1, 1988

Join the CMSA for an eventful day at the historical Julie Penrose Center in Colorado Springs. A Team Building Workshop is planned for your personal, professional and volunteer growth. The Myers-Briggs Indicator Questionnaire will be featured by Paul Ouzts, Director of Pastoral Care at Penrose Hospital. The Myers-Briggs Questionnaire and answer sheet will be available through your county president at the Annual Meeting in September prior to this workshop. This questionnaire is an easy-to-use instrument that identifies your natural preferences, strengths, and temperaments. Once you complete the questionnaire, Rev. Ouzts will score it for you and have it available at the workshop. The results will assist you in gaining an understanding of how you make decisions and how you deal with your professional and personal environment. The importance of this indicator lies in exploring how our different types and our different preferences relate to each other - i.e. how our auxiliary team can work together.

The workshop leader, Rev. Paul Ouzts, has eight years experience in interpreting the Myers-Briggs Indicator. He has worked with organizations assessing and teaching organizational effectiveness. He has been the Director of Pastoral Care at Penrose Hospital for six years.

JOIN US FOR A FUN TEAM BUILDING EXPERIENCE!

ABOUT IDENTITY — AND AIDS

by Clyde Stanfield, M.D., Psychiatrist, Denver, CO

Identity. Who am I — compared to all those others?

With the flowering (or going to seed?) of our culture, we've invented curious devices to signal one's identity. There are male pony tails, jewelled Rotary badges, Mercedes wheels, and black leather jackets.

Medievally, just having shoes and some finer threads could give one status. But in these days of the AIDS plague better identification of one's partner becomes a substantial factor in risk management. Reminiscent of Hawthorn's *Scarlet Letter*, someone now proposes that AIDS casualties be (literally) branded (and not necessarily on the

forehead), to protect the rest of us innocents from exposure. No doubt this "neat idea"* can readily be extended to labeling carriers — those unfortunates who've sought out testing and been found positive for HTLV-III, long before their symptoms appear. Also, of course, we may then tag those candidates for AIDS, predisposed by virtue of (1) promiscuity, (2) needle swapping, and/or (3) having once been gay when it seemed safe.

In short, contemporary risk-management savvy demands an introductory C.V. from a prospective new employee or a would-be son-in-law. Both lay you liable to on-going perks and pension-benefits. Surely the gaining of such

entitlements will press for the stranger to relinquish his historical right of privacy to elicit such benefits. And if you happen to be a health insurance underwriter, gambling on the odds of making a profit, would you impose mandatory testing?

Clearly there are agonizing confrontations ahead, pitting personal interests against those of public health, fiscal burdens, and society's welfare. Incalculable so far is the impact, too, of AIDS fears upon our respective neuroses and capacity for healthy sexuality.

**"Neat idea": jargon just recently popularized by the Iran/Contra hearings.*

C/M



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KEEP YOUR CALENDAR OPEN

for Saturday, October 29, 1988
Denver Marriott Hotel-Southeast.

AIDS: PSYCHIAITRIC AND MEDICAL ASPECTS

an all day conference of speakers
and workshops

sponsored by the COLORADO
PSYCHIATRIC SOCIETY and the
Colorado Medical Society.

Speakers

Mary Jane Massie, M.D.

associate Professor, Cornell Univer-
sity Medical College Attending Psy-
chiatrist, Memorial Sloan-Kettering
Cancer Center, NY. She has worked
with AIDS patients since the begin-
ning of the epidemic and has
published a number of articles on the
psychosocial aspects of AIDS.

Ken Lichtenstein, MD

Chief of Infectious Disease, Rose
Medical Center, Denver, CO. Asso-
ciate clinical Professor - School of
Medicine, UCHSC. He is known for
his sensitive and respectful care of
AIDS patients in his medical
practice.

Conference Workshops

Legal and Ethical Aspects of AIDS:
Duty to Warn

AIDS and Changing Medical
Practice: An Update

Living with AIDS: Issues of Adjust-
ment

Being HIV+: Issues of Adjustment
Hemophilia and AIDS: Family
Issues

The New Patient:

Private Psychiatric Practice and the
HIV+ Individual

"Coming Out in the Age of AIDS":
Update on Understanding Homo-
sexuality

Caring and AIDS: Understanding
the Stress of Health Care Workers
and Caretakers

6 hours CME, Category I available
for Physicians, psychologists, and
social workers.

Pre-Registration fee - \$15

Late Registration fee - \$30

Details of meeting and registration
forms will be sent in September

FOUR-PART HARMONY ASSURED AT CMS ANNUAL MEETING

When four men stay together, doing the
same thing, for almost nine years, it must
be something special. That is certainly
the case with the Harmony Parts Depart-
ment, a Barbershop Quartet from North-
ern Colorado. The group belongs to the
Loveland and Fort Collins chapters of
the Barbershop Harmony Society and
have entertained audiences and contest
judges alike throughout the region.

Lead singer Chet Rideout is a High
School Science teacher, while Millard
Mathre, Bass, has retired after 45 years
with the Woodward Governor Company.
Baritone Steve Wolf is an electrical
design engineer with Hewlett Packard,
and the tenor has a name familiar to
CMS members. Dave Haggerty, former
CMS Director of Professional Services
does much of the quartet's musical ar-
ranging.

The Harmony Parts Department will
provide entertainment at the President's
Dinner Dance, September 16. One more
reason to get that Annual Meeting pre-
registration in early.

C/M

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Contact: 1-800-247-7777

ANNUAL MEETING- DOWNTOWN PARKING BARGAINS: Special CMS Fee Schedule

Parking can become a major difficulty
in Downtown Denver, however, much
of that can be avoided during this year's
Annual Meeting by referring to this fee
schedule.

The City Center Parking Garage
(across 18th Street from the Marriott)
has instituted a special rate after 4
p.m. with a maximum of \$1.50 charge
between 4 p.m. and 9 a.m. If you arrive
before 9:00 a.m. you may leave your car
all day for \$3.00. The regular price is
\$1.00 for each half hour with a maxi-
mum of \$5.00. The special rate of \$1.50
is also good from 5:30 a.m. to 8 p.m. on
weekends and holidays. This garage is
open 24 hours per day, 7 days per week.

The Plaza garage is also near the hotel,
at 1800 California Street. Their regular
rate is also \$1.00 per half hour, with a
maximum charge of \$4.00 (\$3.00 if
you're in by 9:00 a.m.). This garage has
no evening or weekend rates, open only
from 6:00 a.m. to 8:00 p.m. Monday
through Friday.

The Guaranty Bank, at 1735 Stout, a
block from the Marriott, charges \$.75 for
each half hour, with a maximum of \$3.25.
Their earlybird rate is \$2.75 for all day if
you are in by 9:00 a.m. and they charge
only \$1.00 for the period from 4 p.m. to
6:30 a.m.. The weekend/holiday rate is
also \$1.00 and this garage is open from
6:30 a.m. to 8:00 p.m. Monday through
Friday and from 7:00 a.m. to 6:00 p.m.
on Saturday. They are closed Sunday
and on holidays.

The Marriott offers Valet Parking at a
rate of \$5.00 for up to 6 hours, \$7.00 for
up to 12 hours and \$10.00 for a 24 hour
period with unlimited in and out.

Please take this information into ac-
count when planning excursions to and
from the 1988 Annual Meeting of the
Colorado Medical Society.

C/M

CORRIGENDUM

Registration for the CMS
Annual Meeting will be open
only from 8:00 am to 1:00
pm on Saturday, September
17, rather than 8:00 am until
5:00 pm as listed in the
schedule of events.

HOUSE OF DELEGATES RESUME

Reports & Resolutions to be Considered

Colorado Medical Society

Annual Meeting

Sept. 14-17, 1988

Denver Marriott City Center Hotel

Denver, Colorado

OFFICIAL CALL:

The Annual Meeting of the Colorado Medical Society will be held at the Denver Marriott City Center Hotel. The first session of the House of Delegates will convene at 8:30 a.m. on Thursday, September 15, 1988, followed by a **General Membership meeting**. The second session of the House of Delegates will convene at 9:00 a.m. on Saturday, September 17, 1988.

Harold F. Frye
Executive Director

This RESUME includes only those actions to come before the House which should, in our judgement, encourage you to attend the pre-Colorado Medical Society meeting of your component society to discuss reports and resolutions in which you are interested or to attend meetings of the Reference Committees which will consider these reports and resolutions. It is in this way that you can most effectively influence the direction of organized medicine in this constantly changing decade of medical practice. Reports and resolutions are listed by Reference Committee assignments.

REFERENCE COMMITTEE ON BOARD OF DIRECTORS/EXECUTIVE OFFICE

- | | |
|----------|---|
| RPS-1 | Progress Report, Resident Physician Section |
| PROC-1 | Progress Report, Peer Review Oversight Committee |
| AMA-2 | Progress Report, American Medical Association |
| JC-2 | Progress Report, Judicial Report |
| BD-2 | Progress Report, Board of Directors |
| | Report contains minutes of the Board of Directors since the 1988 Interim Meeting. Actions of the Board are highlighted. |
| ED-2 | Progress Report, Executive Director |
| | Report provides areas of accomplishment since Interim '88. |
| RES-35-A | Data Bank for Health Care Plans |
| | Resolves, that the Colorado Medical Society maintain and periodically update the Health Plan Data Bank as a service to members. |

REFERENCE COMMITTEE ON LEGISLATION

- | | |
|----------|--|
| L-4 | Progress Report, Council on Legislation |
| L-5 | Progress Report, Council on Legislation - COMPAC |
| RES-24-P | Shortfalls in Budget for Governmental Agencies |
| | Resolves, that governmental agencies in health-related fields be responsible for their own budgets, and the medical community should not be expected to fund shortfalls. |

- RES-25-P Amendment of Physician Prescribing Law
 Resolves, leadership and lobbyists aim all possible resources at deleting House Bill 1340, Section, 12-37-117.
- RES-26-P Reinstatement Allowing Physicians to Prescribe Certain Controlled Substances for Family Members
 Resolves, that Colorado Medical Society and Colorado Board of Medical Examiners work together to advise legislature to restore previous rights of physicians to prescribe controlled substances for family members on short-term or limited basis.
- RES-29-P Prescription Drug Abuse
 Resolves, that the Colorado Medical Society enter into a coalition of interested governmental persons/organizations, to develop/support a proposal for legislation which implements a triplicate prescription system in Colorado applying to Schedule II. That the system follow a format of the Texas Triplicate Prescription system, that such a system provide for follow through by the appropriate Colorado agencies, and be it further resolved that the appropriate legislation be introduced in the 1989 regular session of the Colorado General Assembly with the support of the Colorado Medical Society.
- RES-30-P House Bill 1340
 Resolves, that Colorado Medical Society seek a sponsor for an amendment to delete the section of HB 1340 pertaining to prescribing, distributing or giving any controlled substance to a family member or to oneself.
- RES-37-A Health-Oriented Kiosks and Responsible Counseling
 Resolves, that the Colorado Medical Society establish guidelines and develop legislation prohibiting the dispersal of test interpretations or treatment recommendations by individuals staffing health-oriented kiosks unless under the direct, on-site supervision of a physician.

REFERENCE COMMITTEE ON PROFESSIONAL RELATIONS AND MEDICAL SERVICE/ PROFESSIONAL EDUCATION

- ERF-2 Progress Report, Colorado Medical Society Education and Research Foundation
- MIP-2 Progress Report, Mini-Internship Program
- PR.ED-2 Progress Report, Council on Professional Education
- PRMS-2 Progress Report, Council on Professional Relations and Medical Service
- RES-21-A Professional Nursing Shortage
 Resolves, that the Colorado Medical Society focus on the critical nursing shortage by public awareness, and actively participate with private and public agencies in the development of plans to improve the supply of professional nurses in Colorado institutions.
- RES-32-P Mandatory Physical Education
 Resolves, that the Colorado Medical Society endorse efforts to require mandatory quality physical education programs for all students in grades K-12.
- RES-39-A Natural Sciences Ambassador Project
 Resolves, that the Colorado Medical Society assist in the development of a project introducing scientist "ambassadors" into classrooms for the purpose of student enlightenment, with the intention of stimulating interest toward careers in the natural sciences.
- RES-41-A Comprecare Eye Plan
 Resolves, that the Colorado Medical Society recommends consultation with ophthalmologists regarding any vision plan.

REFERENCE COMMITTEE ON SOCIO-ECONOMICS/COMMUNITY HEALTH ISSUES

- RES-23-P Public Health Issues
 Resolves, that the Colorado Medical Society work to restore normal Public Health measures and standard medical procedures to diagnosis and management of HIV carriers.
- RES-27-P Expansion of Governmental Immunity Act
 Resolves, that the Colorado Medical Society work towards the expansion of the Colorado Governmental Immunity Act to cover all state licensed physicians while engaged in the care of the indigent patient.

- RES-31-P Limitation on Distribution of Tobacco
 Resolves that the Colorado Medical Society support legislation prohibiting the sale and distribution of tobacco products by these means.
- RES-33-P Access to Medical Care in Rural and Underserved Areas of Colorado
 Resolves, that the Colorado Medical Society address the problem of access to medical care for the medically indigent by working with all appropriate agencies to develop a state-sponsored loan/and or scholarship program for medical students who will, upon receipt of financial assistance, assume an obligation to provide medical services to underserved and rural areas of Colorado.
- RES-42-A Indigent Health Care
 Resolves, that the Colorado Medical Society, urge Governor Romer, and the State Legislature set up an indigent Health Care "Czar" for the State of Colorado to coordinate, prioritize, and implement indigent health care programs.

REFERENCE COMMITTEE ON PHYSICIAN/PATIENT ADVOCACY

- PPA-2 Progress Report, Medicare Advisory Committee
- PPA-3 Progress Report, Physician/Patient Advocacy Council
- RES-19-P Medicare Regulation of Physician Office Laboratories
 Resolves, that State Legislation should be developed and supported calling for mandatory participation of physician office laboratories in a privately administered program that includes (1) proficiency testing (2) maintenance of records, policy manuals and quality control records, and (3) rehabilitation of physician office laboratories which fail to meet prescribed standards.
- RES-20-P Medicare Reimbursement Rates for Colorado Physicians
 Resolves, that the Colorado Medical Society work diligently with Health Care Finance Administration and elected representatives to correct the inequitable law revised Medicare reimbursements to Colorado physicians.
- RES-22-P The Medicare Volume of Services
 Resolves, that the Colorado Medical Society favor the use of accountable focused peer review to contain the growth volume of services to Medicare beneficiaries.
- RES-28-A Policy Manual for Physician Office/Laboratory
 Resolves that the Colorado Medical Society develop a prototype policy manual for the physician office laboratory. To include: policies for record keeping, personnel safety measures, equipment maintenance schedules, quality controls and proficiency testing as well as policies for office radiology and other diagnostic testing may also be included.
- RES-38-A Young Physician Section
 Resolves, that in the interest of assuring physician willingness to see indigent patients in the emergency room, the Colorado Medical Society initiate efforts to address the adjustments of malpractice premiums engendered by "on-call" participation and actively pursue solutions which might alleviate the financial burden thus realized by physicians.
- RES-40-P Long Term Care and the Elderly
 Resolves, that the Colorado Medical Society seek reimbursement for annual physical examination for the institutionalized frail elderly in the location of the physician's choice to encourage the development of a useful health data base to facilitate appropriate placement. Be it noted adequate documentation of examinations be required to plan for the patient's care.

REFERENCE COMMITTEE ON CONSTITUTION/BYLAWS/CREDENTIALS

- RES-34-A Change in CMS Constitution and Bylaws to Add the Position of Secretary to the List of Officers
 Resolves, that the Colorado Medical Society Constitution be amended that the Executive Director be designated Secretary of the Colorado Medical Society.
- RES-36-A Change of Name of Judicial Council
 Resolves, that the Colorado Medical Society Bylaws be amended to rename the Judicial Council the Council of Ethical and Judicial Affairs.

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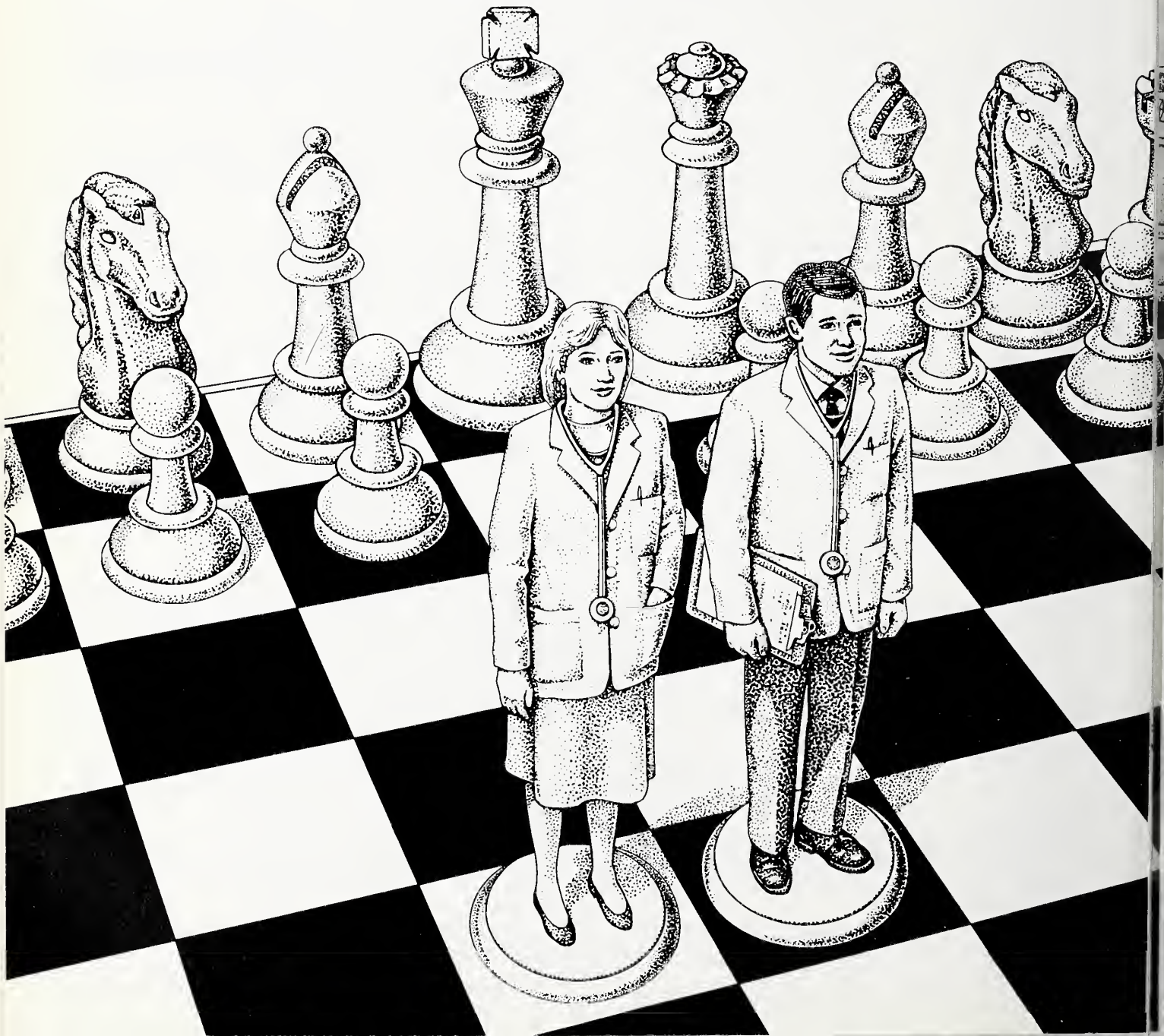
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MEDICAL NEWS

CONGRATULATIONS DR. WEST! Western Slope Physician New President of CAFP

David M. West MD was installed as President of the Colorado Academy of Family Physicians on July 17. Dr. West also serves on the CMS Health Care Availability Committee and is active in CMS.

Dr. West practices and resides in Grand Junction with his wife, Judy, and their two children Mark and Laura.

Dr. West has been an FP in private practice since 1980; before that he was Assistant Director of St. Mary's Hospital Family Practice Residency in Grand Junction. He served his own residency in Family Medicine at the University of Colorado Medical Center after being awarded his M.D. by the UCLA School of Medicine. Dr. West did his B.S. work at the University of California-Davis in Biochemistry.

Dr. West is not only a Board Certified Family Physician, he is also a member of the AAFP, CMS and the Mesa County Medical Society and a past member of the Society of Teachers of Family Medicine. He served on the board of the Colorado Academy of Family Physicians in 1984.

He has also served as a Grant Reviewer for the Department of Health and

Human Services, President of the Family Practice Section of St. Mary's Hospital, and on the Executive and Credentials Committees and as chairman of the Perinatal and Library Committees of that same hospital. He was the Resident Member of the AAFP Commission on Health Care Services and served as Preceptor for St. Mary's Family Practice Residency, as Educator for School District teachers in health curriculum, Medical Student Preceptor and Assistant Clinical Professor at the University of Colorado School of Medicine, and on the Medical Advisory Board of the Western Colorado AHEC.

Dr. West passed his Family Practice Boards at the 98th percentile and was elected to serve on the Health Care Services Commission. He was graduated with honors from the University of California and received the President's Research Fellowship there, along with the California Heart Association Research Fellowship.

Listed as interests and activities for Dr. West are travel (he has been to Europe, the Middle East Canada and 39 states), Athletics, including tennis, basketball and bicycling, Outdoors activities such as skiing, backpacking and camping.

Dr. West also enjoys research and writing, as evidenced by his articles *A Molecular Approach to Fertilization in Dev. Bio.*, *Isolation and Macromolecular Composition of Vitelline and Fertilization Envelopes* in *Biochemistry* and his Summer Research Fellowship studying Phenylketonuria at UCLA. C/M

"EXCEL" PROGRAM

The College of American Pathologists (CAP) in Skokie, IL recently announced its 1989 EXCEL (External Comparative Evaluation for Laboratories) program. EXCEL, designed by physicians specifically for physician office laboratories, offers a cost effective, flexible program physicians can tailor to their own testing situations.

The EXCEL program monitors the laboratory's internal quality control program by providing information on its performance and, then, comparing that performance with other physician office laboratories doing identical procedures by the same or similar methods.

EXCEL offers comparative programs in Hematology, Coagulation, Urinalysis, Chemistry, Microbiology, Blood Banking and Immunology. New analyses to be offered in the 1989 program are Whole Blood Glucose, Serum hCG, Direct Bilirubin and Gamma Glutamyl Transferase.

Federal and many state legislators are putting physician office laboratory regulations into effect. The College of American Pathologists' EXCEL program currently meets most physician office laboratory regulatory requirements and is a convenient and economical way to prepare for expanded governmental monitoring.

For ordering information, contact the CAP Surveys Order Department, College of American Pathologists, 5202 Old Orchard Road, Skokie, IL 60077, (312) 966-5700. C/M

Colorado Medicine for August 15, 1988

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board of directors condensed minutes

Condensed Minutes of the meeting of the Board of Directors at
Copper Mountain, CO, July 23, 1988

CMS TRAVEL REIMBURSEMENT POLICY:

Approved the following in-state travel reimbursement policy:

Members of the Board of Directors, councils and committees and task forces are reimbursed for mileage over 150 miles round trip (beyond 75 mile radius of CMS). This means no mileage will be paid for the first 150 miles, e.g., Board member travels 200 miles round trip; reimbursement will be for 50 miles. If a member travels more than 150 miles one way to a meeting, he/she will also be reimbursed for one night's lodging, dinner and breakfast when CMS business or related circumstances prevent return travel the same day. In accordance with the CMS bylaws, no member of this Society may be reimbursed for attending any meeting of the whole Society or House of Delegates.

1988 AUDITING FIRM APPROVAL:

Approved using the firm of Dollinger and Smith for the 1987-88 audit.

1989 CMS BUDGET GOES TO HOUSE:

Approved recommendation to the House of Delegates of the proposed 1988-89 budget

1989 ANNUAL MEETING SITE:

Approved holding the 1989 Annual Meeting at the Vail Westin Hotel, September 14-16, 1989.

NEXT MEETING:

Next meeting of the Board of Directors, August 26, 1988, at 3:00 p.m.

CONCERNED ABOUT 'RESIDENT STRESS'?

CMS RESIDENT PHYSICIAN SECTION
presents the
RESIDENT PHYSICIAN SECTION MEETING
at the
Colorado Medical Society
1988 ANNUAL MEETING

Date: September 17, 1988

Time: 1:00 to 3:00

Place: Marriott City Center, 17th & California, Denver

Presentors:

Stephen L. Dilts, M.D. - Denver Department of Health and Hospitals

Jackie Soter - Colorado Physician Health Program

Topic:

'Consequences of Resident Stress: A Sane Approach'

WORKMEN'S COMP. CHANGES

from Chris Warren, Colorado Department of Labor and Employment, Division of Labor

The Colorado Division of Labor has completed its annual review of the Workmen's Compensation Medical Fee Schedule. Changes in the conversion factors were adopted as well as new guidelines on timely payment by insurers, copying charges and required medical reports. In addition, a new, revised Workmen's Compensation Relative Value Study (RVS) has been adopted. The new, 600 page RVS contains 1,560 new CPT-IV codes making it the most up-to-date RVS available. Both the administrative rule and RVS are available for \$25.00 per copy and \$2.50 postage and handling. To order, persons should contact: Correctional Industries, 1001 East 62nd Avenue, Denver, CO 80216. Persons ordering should refer to commodity number 392-77-02-4327. Make checks payable to Correctional Industries.

C/M

LAWYERS AND PHYSICIANS

by Robert M. Bogin, M.D., Chair
YOUNG PHYSICIANS SECTION
Colorado Medical Society

The Young Physician Section of the Medical Society is looking to establish alliances with other professional organizations as well as promote itself to our membership.

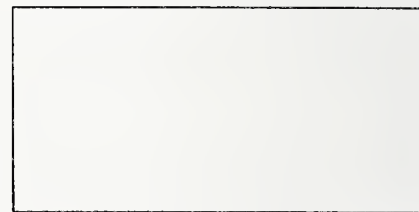
In that effort, YPS has presented Mini-Internship as an introductory vehicle to the Young Lawyer's Section of the DBA. After a fruitful meeting between the two chairs, it was decided to plan a YPS/DBA mini-internship in the late fall. And in the Spring, the Young Lawyer's Section of the DBA will host a mini-internship for young physician interns.

That is not all. MIP is just the beginning! Other events are being planned - recreational events for young attorneys and young physicians, financial seminars. Not to mention young physicians and young attorneys working together to

initiate legislation for expert witness criteria.

Young Lawyers will be coming to our Interim and Annual Meetings to attend our Young Physician Section. And YPS members will be going to the ABA Young Lawyer's national convention in February in Denver. Radical - maybe, dynamite, yes!

C/M



In 1973, Peter Pryor began handling medical malpractice cases saying that he would only represent physicians and hospitals, not those who sued them. Several years later he teamed up with Irnie Johnson. Their firm grew and and soon recognized that physicians needed more than just their legal defense services. The physicians they served also regularly inquired about corporate and family law, tax and estate planning and sought legal advice for their investments, business and real estate ventures. Over time Pryor, Carney and Johnson grew to a staff of more than 100, including 36 attorneys.

Today one of the firm's shareholders and directors, Susan T. Smith, emphasizes Medicare, AIDS, medical staff and health care administration issues in her practice. The development of her practice is another example of PC&J's ongoing commitment to serving the ever-changing needs of the physician community.

For more information on Pryor, Carney and Johnson's legal services for physicians or to receive a complimentary subscription to the firm's quarterly newsletter, **THE LEGAL VANTAGE**, call or write Pryor, Carney and Johnson, P.C., 6200 South Syracuse Way, Suite 400, Englewood, Colorado, 80111, (303) 771-6200.

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- 1988 Health Care Availability Act - What Will it do for the Health Care Community?
- AIDS and the Practice of Medicine, a Practical Overview

Date: October 21, 1988
Time: 11:30 p.m. - 4:30 p.m.
Place: DTC Sheraton

(I-25 and Bellevue)

and

Date: December 2, 1988
Time: 11:30 p.m. - 4:30 p.m.
Place: The Inn at Aspen,
Aspen, Colorado

(Lunch will be served)

The Colorado Medical Society designates this continuing medical education activity as meeting the requirements, on an hour for hour basis, for up to 5 hours in Category I of the Physicians' Recognition Award of the American Medical Association.

For more information on these workshops, call:

Pryor, Carney & Johnson, P.C., at (303) 771-6200

THE YOUNG PHYSICIAN AND THE BUSINESS OF MEDICINE

Colorado Medical Society is sponsoring a series of financial workshops for residents and young physicians. These workshops are 1 1/2 hours in length, light refreshments will be served.

- **BUSINESS ASPECTS OF THE PRACTICE OF MEDICINE**
Oct 6, 5:30 p.m., St Joseph Hosp, Dr's Dining Rm
- **INCOME TAX PLANNING FOR THE YOUNG PROFESSIONAL**
Nov 3, 5:30 p.m., St Luke's Hosp, Phys. Dining Rm
- **ESTATE PLANNING FOR THE YOUNG PROFESSIONAL**
Jan 12, 5:30 p.m., UCHSC, Humphreys Lounge
- **BANKS, BORROWING AND FINANCE**
Feb 2, 5:30 p.m., St Luke's Hosp, Phys. Din Rm
- **RISK MANAGEMENT AND INVESTMENTS**
Mar 2, 5:30 p.m., UCHSC, Humphreys Lounge
- **SETTING UP AND OPERATING A PRIVATE PRACTICE**
Apr 6, 5:30 p.m., Mercy-Denver, Board Room W

We are also offering the two-day *"How to Get Started in Medical Practice"* workshop on November 9, 10. Location to be announced. For more information please call, Yvonne Reed, Colorado Medical Society, at 779-5455 or (outside Metro area) 1-800-654-5653.

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GERONTOLOGY CONFERENCE

from *Eileen Doherty, M.S.,*
Colorado Gerontological Society

"Training Physicians in Geriatrics" by Diana Koin, MD, Associate Clinical Professor, Stanford University, Palo Alto, California, is the focus of the Closing Keynote Address at the Eighth Annual Conference of the Colorado Gerontological Society on September 9th from 12:15 to 2:00 p.m. at Raffles Hotel, 3200 South Parker Road, Aurora. Dr. Koin was the first medical director of the St. Luke's Senior Health Clinic. She received training in geriatrics at the Veteran's Administration Program in Portland, Oregon.

Dr. Koin will discuss the geriatric curriculum, the importance of doing home visits to deliver medical care for geriatric patients, and the development of geriatrics as a specialty in medical schools.

Other noted speakers at the Conference are former Governor Richard Lamm, Representative Patricia Schroeder, and Mayor Paul Tauer. Other topics to be covered include the role of the physician in the delivery of home care and nursing home care; catastrophic health insurance; the effectiveness of living wills from a religious, medical, legal, and ethical dilemmas of deciding when an older adult can no longer continue to live independently.

Registration for members is \$80 (Annual membership is an additional \$30). Cost for the Closing Luncheon only is \$10. For more details call 333-3482.

C/M

ATTENTION!

**Have you completed and
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registration and program
information in this
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Wine With Food: The Art of Matchmaking

by John Meredith, Wine Columnist

Ed. Note: Mr. Meredith is a wine columnist and a student of wines of the world. He is an independent contributor to Colorado Medicine. Views expressed herein are Mr. Meredith's and do not reflect the views or opinions of the members, officers or directors of the Colorado Medical Society. Nor does this column represent a scientific study or report; it is presented solely as a feature for the readers of Colorado Medicine. Reader comments, questions and additions regarding Mr. Meredith's column are welcome. Address them to: Editor, Colorado Medicine, P. O. Box 17550, Denver, CO 80217-0550.

Wine's greatest role at the table is as a flavor enhancer. Good wine accents and extends certain flavors in foods, tames and softens others, and, at the same time, adds a fine aroma and flavor of its own. Sometimes the wine echoes a food's flavor; at other times it offers balance or contrast. Food often affects wines in the same way, highlighting some flavors and diminishing others. When the combination is right, both the food and the wine taste better than either does alone.

The art of matching wine with food consists of a single moment's inspiration - a mental scanning of the flavors, textures, and aromas of all of the foods and wines stored in each of our memory banks. Think of these food and wine repertoires, if you like, as a pair of color wheels. You can turn them until you find a close match, or a total contrast, or some pleasing combination in between. The catch is in having enough experience with different wines to color your own "wine wheel."

Before spinning those wheels, you should have some sense of what you're trying to accomplish. Do you want the food and wine to complement one another, possessing similar flavors and textures (much the way the simple sweetness of plainly roasted lamb chops complement a soft, richly fruity pinot noir), or contrast with one another (the way a clean, slightly tart, mineral chablis whets the appetite for more richly flavored, dense, delectably sweet crab and lobster)?

Consider the atmosphere you want to create and the time of the year. A cabernet sauvignon "reserve" is as inappropriate at a Saturday afternoon cookout as a generic chablis would be at a formal dinner party, served with poached salmon in a beurre blanc sauce. Are you trying to find a wine to match a special dish, or vice versa? In most instances, the menu is chosen first, then the wine or list of wines to accompany it. There may be times, however, when you want to bring out a particular bottle of wine; it may be someone's favorite, a gift bottle, or a wine that has come highly recommended. In that case, the menu should be planned with the wine in mind.

Do you plan to pay a lot of attention to the food and wine combinations, serving different wines with each of several courses, or just enjoy the meal without particular emphasis on its elements? For everyday meals and casual entertaining, you'll probably want to serve just one wine, chosen to go with the main dish. Maybe crab has just come into season, or you want to fix Uncle Harry's favorite dish, or you just feel like having a coq au vin tonight. But if you're planning a different wine with each course, the general rule to follow on sequence of

wines is to progress from lighter to heavier, dry to sweet, younger to older, white to red (with the exception of sweet white wines), and modest to fine.

The age-old and oft-quoted maxim, "red wine with meat and white wine with fish", is a generality; it's much more important to match the wine to the preparation of the food. Aside from the aesthetic value of "complementary colors", fish and fowl tend to be light in character, consistent with the choice of light- to medium-flavored red and white wines, while steaks and roasts are more robust dishes, demanding the company of rich, full-flavored reds and whites.

To my mind, the key to successful food and wine matching is that the wine that precedes and/or accompanies a meal should be as dry as your taste preferences will allow. A fine, dry wine stimulates the appetite and enhances the flavor of food; a wine with noticeable sweetness has just the opposite effect on the palate - it rarely harmonizes well with the entree.

There is no strict set of criteria for pairing wine with food today; most wine enthusiasts feel free to choose according to personal preference, taking into account their experience with and knowledge of the world's wines. There is, however, a wealth of food and wine marriages based on a century's worth of accumulated experience which it would be foolish to ignore. Such classic combinations help illustrate how certain styles of wine bring out the best in a particular dish, and vice versa. Next month's column explores some of the most successful food and wine combinations, suggestions that I hope will entice rather than confine your creativity when you bring wine and food together.

CJM

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Volume 85, Number 16

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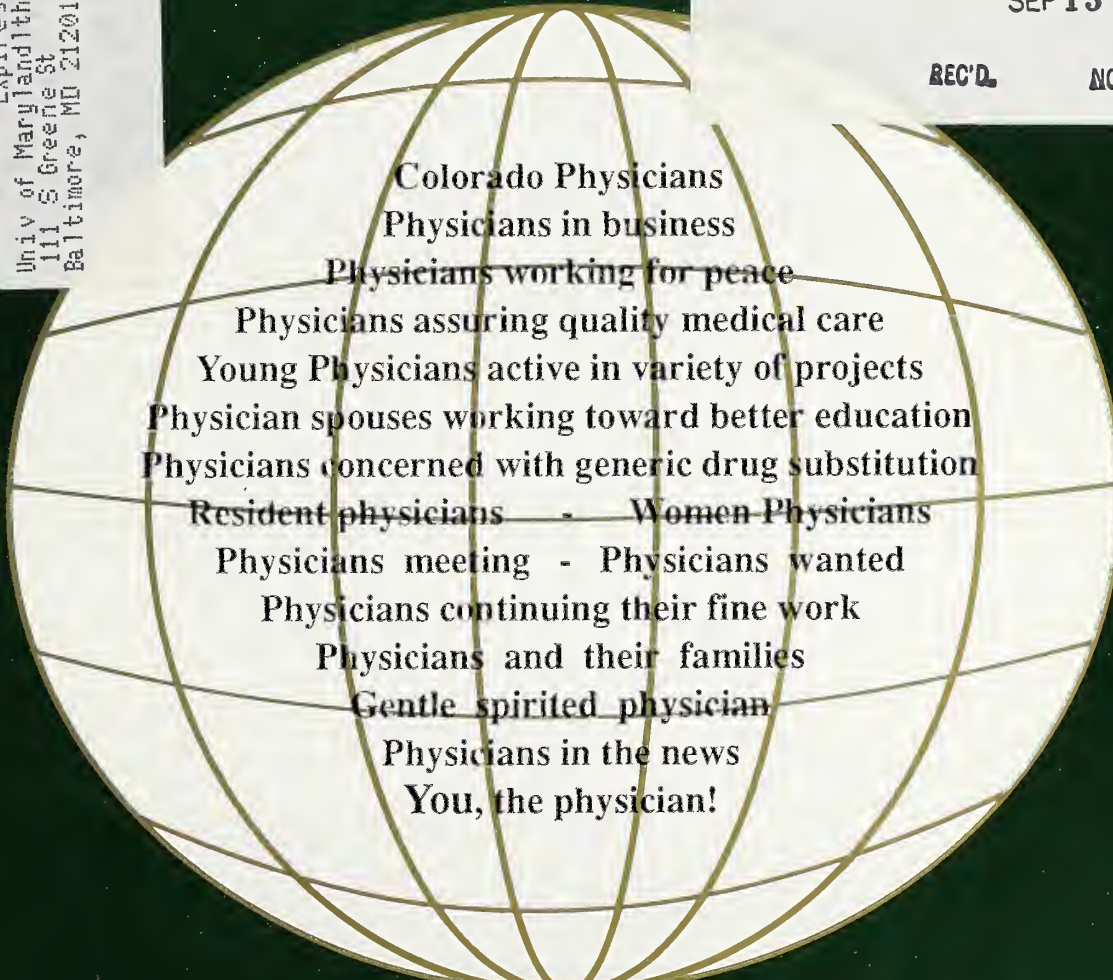
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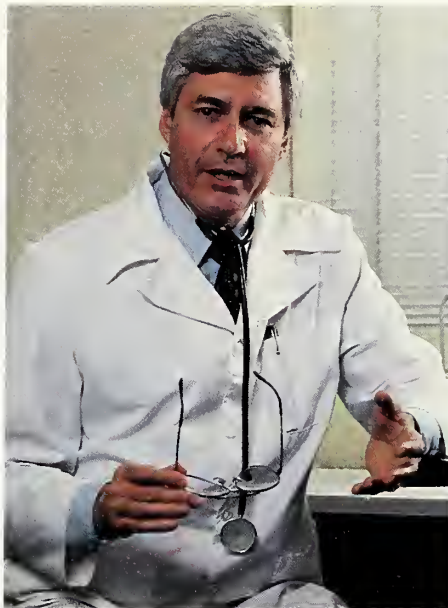
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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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QUALITY ASSURANCE:

the experience of one medical practice

by John S. Avery, M.D., Medical Director
Boulder Medical Center, P.C.

In any organization in which physicians work closely together, a number of factors tend to make for informal quality assurance; staff selection, sharing patient care, sharing information and opinion and working from the same medical record. There is mutual help and mutual scrutiny. In the fall of 1984 at the Boulder Medical Center, we concluded, however, that we should have an additional, more formal system to enhance quality and that we should purchase the system developed at the Park-Nicolett Clinic in Minneapolis. A number of our physicians and administrative staff went to Minneapolis and Park-Nicolett people came to Boulder to train us in the system. Dr. Jack Imig assumed the post of QA Director and we recruited Charlene Urbanitch, RN, to head the QA staff.

The system is based on annual departmental meetings for the purpose of choosing two problems, one clinical and one administrative, to be addressed that year by that department. Department members ask themselves, "What are the problems which, if solved, would most contribute to improved patient care?" A good deal of preparatory work is done before the meeting. The QA staff prepares a packet containing the results of a patient phone survey, other departments are asked how they view the department, each physician is given a number of patient charts to review on his own and the departmental non-physician staff is surveyed. The choice of patients to call and charts to check is done randomly. Interviews and questionnaires are standardized and structured.

Attending the meeting are all the department's physicians, the head nurse of the department, the clinic director of Nursing Services, QA staff, the clinic administrator and the Medical Director. The QA Director opens the meeting with a review of the ground rules, the purpose of the meeting and the activities since the last yearly meeting. After that, going

around the table, each person is asked to nominate a problem. The QA Director makes the judgment whether it is clinical or administrative in character. The nomination process goes around and around until no more problems surface, at which point the two are chosen by vote. The administrative problem is given to Administration to work on and the clinical problem is the responsibility of the department working with the QA staff. Those at the meeting agree on how to define resolution of the problem, what is the goal and what is a reasonable target time. A physician is selected as "Remedy Coordinator" to work with the QA staff.

The next task is to reduce the problem to operational terms and to design a "pre-test" that measures it. This is hammered out by the Remedy Coordinator and the QA nurse. Her role is crucial and the range of talent she needs is broad. She has to deal with problems of study design, interviewing, statistics, computer data management and, of course, dealing with doctors and nurses. Once designed, the pre-test is carried out. It tends to point the way to plans for problem resolution. Again, it is the Remedy Coordinator and the QA nurse who design the remedy and put it in place. Near the target time there is a post-test, often a repeat of the pre-test, which measures what has or hasn't been achieved.

What are the strengths and weaknesses of this process as we have experienced them? First the strengths: the process is structured, quantitative, action-oriented and tries to achieve something specific. It is decentralized and participatory, arising from the people involved, doctors and others. It is focused rather than diffuse. It aims not at finding instances of poor care but at enhancing the general level of care. It is not routine or mechanical. It fosters alertness to quality issues in a non-disciplinary, creative way.

It has its weaknesses as well as its

strengths. There is a place for regular surveillance procedures and this system does not provide them. A department may deal with as many problems as it can in a year, but there is an obligation to attack only one. Furthermore, the formal process of testing is time-consuming; not many problems can receive such attention. Although we hope for a cumulative impact on quality over years, nothing big happens in any one year. Not all remedy efforts succeed, needless to say. Its greatest weakness is the paucity of clinical problems chosen. The inputs in the pre-meeting packet seem to conduce to the choice of systems problems, which are real and important to be sure, but should not take the place of bio-medical issues.

What are Boulder Medical Center's QA plans for the coming year?

1. We intend to carry on as above, but with additions.
2. We intend to add a surveillance program in certain parts of our clinic such as Ambulatory Surgery, basing the surveillance on quality indicators rather than routine chart review. Incident reporting and adverse patient reports will be investigated and dealt with. Trends will be brought to the yearly QA meeting.
3. We are developing a computer information retrieval and analysis system based on download of data from our central administrative computer, putting the data in reach of flexible free-form analysis as we see fit. It should enable us to integrate clinical and administrative information for management and utilization review purposes and will enable us to gather retrospective data to feed into the QA process. The challenge will be to make imaginative use of this tool.

In short, the general thrust of our QA efforts is informational rather than disciplinary. We believe that doctors want to give good care. What is needed is focused awareness and mutual effort.

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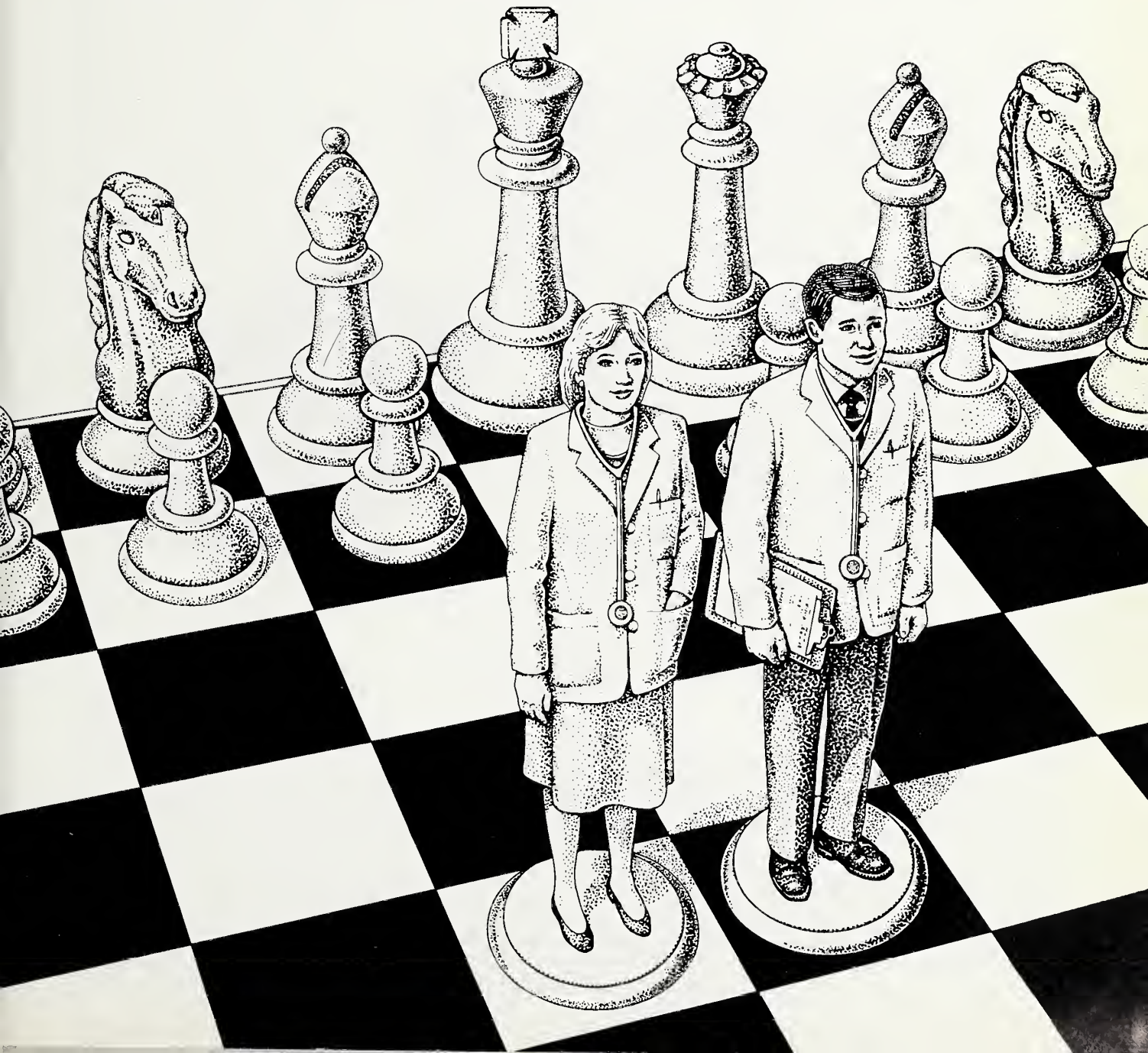
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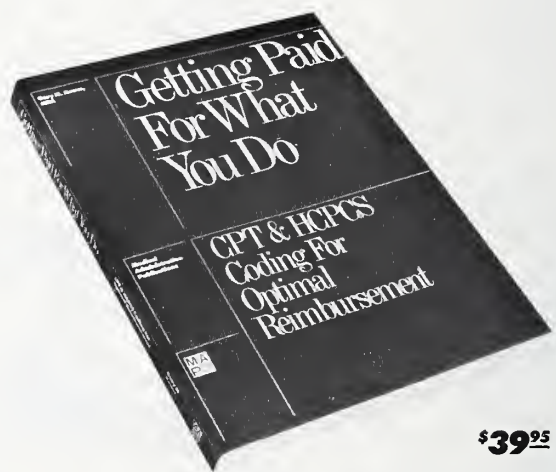
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Generic Drugs:

Therapeutic Effectiveness and Interchangeability

by Howard E. Netz, M.D., Chairman
CMS Committee on Pharmacy

Since 1960, the quality and interchangeability of drug products by different pharmaceutical corporations has been discussed. The Office of Technology Assessment (OTA) has attempted to evaluate the quality of drug products on the market. All states have repealed anti-substitution laws. Some of the states have developed negative formularies and others have developed positive formularies. Under Title XIX Medicaid Program, the federal government has established reimbursement limits for selected drugs by setting Maximum Allowable Cost (MAC) regulations. All of these factors have encouraged cost savings with the hope of providing the least expensive drug to the consumer. However, the quality of the drug product is often not comparable to the innovator drug, and often the physician is not aware of the quality control of the manufacturer of the less expensive generic equivalent. We are faced with the concern of therapeutic effectiveness of comparable drug products. If the products are equivalent, then the lowest cost product makes sense; however, if there is inequivalence, then the lowest cost product may not make sense. Following is a brief discussion of the dilemma presented specifically to Colorado physicians and consumers and recommendations to deal with these problems.

The Colorado Law of Drugs and Druggists (12-22-124) relates to generic substitution and should be consulted. Several key issues must be noted. The pharmacist may substitute any equivalent drug on a prescription unless 1) the physician designates dispense as written, or 2) the Federal Food and Drug List (the Orange Book) indicates inequivalence. Therefore, the physician must be knowledgeable regarding equivalence issues or the pharmacist must be knowledgeable and must use the

Federal Food and Drug List. We submit that many physicians are not knowledgeable nor can be expected to be knowledgeable regarding the many manufacturers and their generic substitution products. We also submit that many pharmacists are not knowledgeable regarding equivalence issues, and in fact many pharmacists do not own or are not aware of the Federal Food and Drug List. The law as written then makes a physician responsible for knowledge regarding manufacturers, and it also makes the physician responsible for the pharmacists knowledge and utilization of the Federal Food and Drug List. Several examples follow.

- a) A physician writes a prescription for Coumadin /005 i po qd. The patient requests a generic product and the pharmacist substitutes the cheapest product. The Federal Food and Drug List states that there is no equivalent product. If there is an adverse outcome, both the physician and pharmacist are held responsible.
- b) A physician writes a prescription for Dilantin /100 iii po qhs and indicates no substitution. The patient requests a generic product and the pharmacist substitutes the cheapest product. The Federal Food and Drug List states that there is no equivalent product. If there is an adverse outcome, the pharmacist is responsible.

The Federal Food and Drug Administration has established guidelines to assure therapeutic equivalence of generic drug products. Bioequivalence is one of the prerequisites for approval of an Abbreviated New Drug Application (ANDA) for a drug product having the same active ingredient as the innovator drug. There is no requisite for clinical evidence of safety or effectiveness. Since the federal and state laws encourage and/

or mandate substitution, the purpose of this plan is to make allegedly interchangeable drug products available that are expected to compete on the basis of price. It is not stated that there is a premise that therapeutic equivalence equals bioequivalence equals interchangeability of generic substitutes for the innovator drug and for other generic substitutes. This then allows for multiple interchanges of drug products that are multisource during the course of therapy. It should also be noted that the FDA regulations to not require distinctive pill markings, color, or flavour of generic products.

The American Medical Association position has been well documented, but may need updating. Resolution 45 (I-76 for instance, places the burden of knowledge regarding manufacturers and pharmacist practices on the prescribing physicians. This may have been practical in 1976, but multiple manufacturers and pharmacists in the marketplace make it less so today. In addition, the Colorado Law allows pharmacist substitution without physician monitoring of pharmacist practices for substitution. Report H (I-83) does not take into account bioequivalent issues or therapeutic equivalent issues in the definition of generic substitution. Resolution 46 (I-85) attempts to address the issue of bioequivalence, and asks for a cooperation between the AMA and the appropriate manufacturer to ensure safety of the drug products. Resolutions 15 and 7 (I-86) deal with the problems created by bioequivalence issues. Report C (A-87) also deals with these problems and references a report to the FDA titled The Bioequivalence of Solid Oral Dosage Forms (9/86). These latter reports point out the problems of bioequivalence and accept the fact that they will continue. There-

(Continued)

(Continued from preceding page)

fore, the strategy is established to minimize these problems through physician and pharmacist practices without a resolution of the problem by the manufacturers. The 1987 recommendations included 1) that the physician avoid random substitution for patients with chronic illness associated with the need for multiple refills, 2) that the physician repeatedly titrate the drug dose with the expected therapeutic effect, and 3) that the physician report serious or unusual problems associated with generic substitution to the FDA.

The problems are presented as follows: 1) Therapeutic equivalence of drug products is not well standardized by either the manufacturers or the federal regulation. 2) The Colorado Law places the responsibility of knowledge regarding the therapeutic equivalence on the physician. It is not reasonable to consider a physician knowledgeable about manufacture process and the comparison of various manufacturers. 3) Pharmacists are not monitored for their expertise in drug substitution. This leads to an increased liability for both the pharmacist and the physician.

The Pharmacy Committee of the Colorado Medical Society submits the following recommendations regarding generic substitution.

- 1) In the interest of cost savings, prescriptions should be written by generic name or without prohibition of substitution whenever the physician can be confident that the generic product is therapeutically equivalent to the innovator product.

- 2) The physician should be cautious in permitting generic substitution for any drug, in which bioequivalence problems have been documented or extensively anecdotally reported. Examples of such problems include generic substitution for dose critical drugs such as anti-convulsants, Digoxin, anti-arrhythmics, L-thyroxine, oral contraceptives, and certain neuroleptic drugs.
- 3) The physician should insist that pharmacists consult the Federal Food and Drug List (the Orange Book) before substituting generic equivalents.
- 4) The physician and the pharmacist should take necessary steps to eliminate confusion to the patient when labels of prescriptions are changed from trade name to generic name, and when the physical appearance such as color, shape, and taste of generic substitutes vary from the originally prescribed product.
- 5) The pharmacist should provide a product that is coded and identifiable.
- 6) Pharmacy drug substitution practices should be monitored by the appropriate Colorado State Agency, and the results of the monitor must be shared with physicians.
- 7) The CMS should proceed with efforts to change the Colorado Law so that physicians are held responsible solely for physician acts, and so that they are not held responsible for the acts of pharmacists.

Note: This position was approved by the CMS Board of Directors on June 17, 1988.

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AN INVITATION FOR WOMEN IN MEDICINE

You are cordially invited to attend the
Women in Medicine Section
Meeting on
Thursday, September 15,
1988, Room Colorado A,
Denver Marriott City
Center Hotel, 1701 California Street, Denver, CO. This meeting will be held in conjunction with the Annual Meeting of the Colorado Medical Society. The meeting is scheduled from
6:30 - 9:00 P.M.
with a Social Get-Acquainted Time between 6:30 and 7:00.

The Women in Medicine Section is delighted to announce that the keynote speaker will be **Tricia Flynn**. Tricia is married, has children, and writes from her Denver home. Her column appears each Sunday in the Rocky Mountain News. Elections will be held following Ms. Flynn's gracious presentation for the posts of Chairman, Chairman-Elect, Delegate, Alternate Delegate and slots for 7 Member at Large positions. Discussions regarding the Section's Agenda and planning for 1989 will also take place.

CMS Auxiliary plans benefit for Museum of Natural History's "Hall of Life"

Dr. Robert S. Eliot, one of the nation's leading authorities on stress management, will headline the Colorado Medical Society Auxiliary's November 14, 1988 benefit for the Hall of Life Education Center. The evening program will begin at 5:30 p.m. at the Hall of the Life in the Denver Museum of Natural History in City Park.

Author of the popular book, *Is It Worth Dying For?*, Dr. Eliot directs the Cardiovascular Institute at Swedish Medical Center. His interest in stress and its effect on health results from nearly two decades of study, research and the care of patients who come to him from around the world.

In addition to the nearly 300 articles and seven books he has published, Dr. Eliot has been featured in *The New York Times*, *Time Magazine*, "Good Morning America," "20/20" and "The MacNeil-Lehrer Report."

The Monday, November 14th program will include a cocktail hour, interactive Hall of Life mini-classes, and dinner followed by Dr. Eliot's presentation in the Museum's IMAX Theater.

Proceeds from the event will benefit the Hall of Life, which presents hands-on health education classes on how the body works and healthy lifestyles for preschool through high school age students. Over 95,000 children will learn from the Hall of Life's participatory classes this year.

Chairman for the evening is Sonnie Talley. Her committee includes: Patti Brown, Sherry Cox, Lynne Cundy, Sharon Cunningham, Naney DeLauro, Nellie Mae Duman, Electra Falliers, Sharon Ferlic, Maria Gillespie, Jan Good, Ali Harwood, Bunkie Inkret, Patty Mack, Barb O'Brien, Nancy Preece, Vivian Sabel, Roberta Sadler, Linda Sheehan, and Judi Warkentin.

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AMA awards MGMA delegate status

Medical Group Management Association (MGMA) has been awarded delegate status by the American Medical Association. This action allows MGMA to send a non-voting official observer to meetings of the AMA House of Delegates.

Richard V. Grant, MGMA Executive Director, attended the June 26-29 meeting of the House in Chicago, at which time the recommendation from the Board of Trustees was approved, awarding MGMA delegate status. Grant said, "MGMA is very pleased with this action and feels this will further strengthen an already excellent working relationship between the two organizations."

MGMA, founded in 1926, is the largest and oldest group representing medical group practice, with more than 3,600 member group practices, representing approximately 80,000 physicians. MGMA executive offices are in Denver at 1355 Colorado Boulevard, Suite 900, (303) 753-1111

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Presentors:

**Stephen L. Dilts, M.D. -
Denver Department of
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Jackie Soter - Colorado
Physician Health Program**

Topic:

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NEWSLETTER

Volume 1, Issue Number 1

September, 1988

The Young Physician Section (YPS) was established in Colorado in September 1987. The formation of this Section is part of a national trend in organized medicine to recognize and involve the 135,000+ young physicians nationwide, representing over 40% of practicing physicians.

This newsletter initiates a regular feature in **Colorado Medicine** to update members and potential members of the Section on its activities. Criteria for inclusion in the Section are 1) a Colorado physician age less than or equal to forty, or 2) any physician engaged in practice five years or less. Currently, almost 900 physicians in Colorado fit this description.

Current Activities

Speakers' Bureau As a result of a resolution passed at the CMS Interim Meeting, the Section is currently pursuing an initiative in which physicians in the medical society interested in speaking to lay groups and the media will be listed in a central resource. Over 150 physicians responded to this request, and credentialing of these volunteers is proceeding. A preliminary report will be delivered to the House of Delegates at the September meeting.

Expert Witness Criteria The YPS is currently developing more exacting criteria than were included in the tort reform legislation passed this year. Representatives from the Young Lawyers Section of the Denver Bar Association were asked to participate in this project and appeared very interested in working on it with us.

Science Ambassador Project Colorado has been selected to begin a pilot study to introduce interesting science topics to schoolchildren by the AMA Young Physician Section, as detailed on the following page.

CMS-YPS at AMA-YPS

At the Annual Meeting of the AMA in Chicago this past June, the Colorado delegation submitted three of the six resolutions before the assembly, and all were adopted. The topics were the Science Ambassador Project, Physical Education for Schoolchildren, and an anti-smoking resolution regarding minors.

Robert M. Bogin, M. D., current Chairman of the Colorado YPS, was elected to the national YPS Governing Council. He will serve as alternate delegate to the

main AMA House, representing Young Physicians.

Upcoming Events

The Section has submitted several resolutions to the Colorado House of Delegates; if adopted, they will continue to involve young physicians in projects initiated by the Section and given priority by the medical society.

If you are interested in learning more about the YPS, contact Sandy Finney at CMS headquarters or Dr. Bogin at (303) 398-1145.

THE YOUNG PHYSICIAN AND THE BUSINESS OF MEDICINE

Colorado Medical Society is sponsoring a series of financial workshops for residents and young physicians. These workshops are 1 1/2 hours in length, light refreshments will be served.

- **BUSINESS ASPECTS OF THE PRACTICE OF MEDICINE**
Oct 6, 5:30 p.m., St Joseph Hosp, Dr's Dining Rm
- **INCOME TAX PLANNING FOR THE YOUNG PROFESSIONAL**
Nov 3, 5:30 p.m., St Luke's Hosp, Phys. Dining Rm
- **ESTATE PLANNING FOR THE YOUNG PROFESSIONAL**
Jan 12, 5:30 p.m., UCHSC, Humphreys Lounge
- **BANKS, BORROWING AND FINANCE**
Feb 2, 5:30 p.m., St Luke's Hosp, Phys. Din Rm
- **RISK MANAGEMENT AND INVESTMENTS**
Mar 2, 5:30 p.m., UCHSC, Humphreys Lounge
- **SETTING UP AND OPERATING A PRIVATE PRACTICE**
Apr 6, 5:30 p.m., Mercy-Denver, Board Room W

We are also offering the two-day "*How to Get Started in Medical Practice*" workshop on Nov. 17 at Swedish Medical Center and Nov. 18 at Porter Memorial Hospital. Corporate sponsors are: The United Bank of Denver, Laventhol & Horwath, and Shearson, Lehman, Hutton. For more information call Pryor, Carney & Johnson at 771-6200.

YOUNG PHYSICIANS SECTION REPORT

AMA Annual Meeting - June 24-26, 1988; Chicago, IL

by Robert M. Bogin, M. D., Chairman
James R. Regan, M. D., Alternate Delegate

Introduction

The Annual Meeting of the Young Physicians Section (YPS) of the American Medical Association (AMA) convened in Chicago at the Chicago Hilton and Towers Hotel June 24-26, 1988. Representing the Colorado YPS were Robert M. Bogin, M. D., as delegate and James R. Regan, M. D., as alternate delegate.

Seminar

The Colorado delegation attended the seminar "Working Smarter Not Harder." The speakers at this seminar addressed the many potential uses of computers by physicians. These included automated billing, desktop publishing, and access to information databases, including AMANET. The presentation was informative; the case for increased use of computers by physicians was persuasive.

Reference Committee A

Resolution No. 1 - State Risk Pools to Provide Medicare Liability Coverage for Indigent Patients - This resolution addressed the problem of litigation actions by the uninsured patient population. As medical liability carriers have responded to the malpractice crisis by converting from occurrence to claims made policies, substantially increasing the expense of malpractice insurance by so doing, the number of years of potential litigation exposure has risen. Because the medically indigent have proven a highly liti-

gious population, the Connecticut YPS delegation emphasized the fact that many physicians are becoming reluctant to extend care to this population. Insurance carriers have recognized the litigious character of this group and often adjust rates upward for physicians taking "call" from the ER, a situation particularly likely to introduce physicians to indigents. The resolution offers a statewide, shared risk pool as a potential solution to the problem of affordable malpractice insurance to cover care of the medically indigent and recommends that the AMA develop model legislation toward implementing this concept.

At the time of its introduction to the Reference Committee, Resolution 1 was felt to lack clear definition of terms and involved interplay of many complex factors such as state laws pertaining to insurance and torts. In light of these revisions, the committee recommended that Resolution 1 and revisions not be adopted.

Resolution No. 4 - Dr. Michael F. Collins. This resolution was introduced by the Utah State Medical Association YPS to formally acknowledge the considerable efforts and talents of out-going Chairman of the Governing Body, Michael F. Collins, M. D. The reference committee unanimously agreed with the content of the resolution and recommended adoption.

Resolution No. 8 - Establishment of AMA Division of Geriatric Issues - Because of the increasing numbers of elderly in the country and the fact that

their concerns are of major importance to physicians, this resolution suggested that the services of the AMA currently dealing with geriatric issues be consolidated. The reference committee recommended referral to the YPS Governing Council.

Reference Committee B

Resolution No. 5 - Limitation of Distribution of Tobacco - Introduced by the Colorado delegation, this resolution sought to establish AMA policy against sale and distribution of tobacco products to minors as YPS policy. It also asked to re-establish this AMA policy as a priority, since no legislation has been passed at the state level since AMA adoption in 1985. Testimony centered on the need for enforcement of existing laws and significant penalties for violations. Adoption of the resolution, with minor amendments, was recommended.

Resolution No. 6 - Mandatory Physical Education - The Colorado delegation introduced this resolution which emphasized recent data indicating the generally deteriorating health of school children and the current lack of requirements for physical education in most states. So that the AMA would not be seen as "imposing" standards, the resolution was amended to ask for model legislation on this issue. The reference committee recommended adoption.

Resolution No. 7 - National Sciences Ambassador Project - The Colorado delegation proposed a response to the

(Continued)

perception that American students are increasingly disinterested in the natural sciences and that many other nations perform better on testing of scientific aptitude. The resolution proposed that the AMA develop a project to place natural science "ambassadors" into the classroom to enlighten students with the intention of stimulating interest toward careers in the natural sciences. It was recognized that YPS resolution No. 7 resembled to a great extent resolution No. 2 presented to the AMA House by the Missouri delegation. The reference committee heard enthusiastic support for this initiative and recommended its adoption.

YPS Business Meeting

The preceding resolutions were considered at the business meeting. A great deal of discussion concerning the liability for indigent patients occurred. The assembly voted to adopt this resolution and to submit it to the House of Delegates at the current meeting. The resolution on the Limitation of Distribution of Tobacco, Dr. Michael F. Collins, Establishment of AMA Division of Geriatric Issues, Mandatory Physician Education, and the National Sciences Ambassador Project were discussed and adopted.

It is noteworthy that the National Sciences Ambassador Project was the source of a great deal of lively and creative discussion throughout the meeting. The meeting featured an address by Dr. Jerod Loeb, Director of the Division of Basic Science of the AMA. Dr. Regan of the Colorado delegation was appointed to head the YPS initiative at the national level.

Elections were held at the conclusion of the meeting. Dr. Bogin of the Colorado delegation was elected to serve on the YPS Governing Council as Alternate Delegate to the House of Delegates.

We would like to express our thanks to the Colorado Medical Society for its support of our section. The Annual Meeting was an excellent opportunity to participate in organized medicine at the national level. We are pleased that the Colorado delegation was able to contribute to the AMA-YPS in a very significant way.

YPS Natural Science Ambassadors

What can be done about the obvious dropoff in science aptitude among young high school and middle school age students? This is a question of vital concern to a profession which depends on a constant input of young people interested in science as its supply for the future. Where will the physicians of tomorrow come from, if young people today are not interested in science? The effects may be 20 years distant, but the cause of many potential shortages in medical personnel is with us right now.

These questions were of vital concern to a recent meeting of the AMA entitled "Medicine into the 21st Century." One of the results of that concern was a push for what has become known as the "Natural Sciences Ambassador Project," spurred on by a Resolution from the CMS Young Physician Section.

"The Young Physician's Section seemed to be the ideal vehicle to use to try to get this plan implemented," says Dr. James Regan, YPS Alternate Delegate and National Coordinator for the Project, "I'm working along with the head of the Department of Basic Sciences at the AMA, Dr. Jerod Loeb, and Colorado seems to be the pilot project for the country." Dr. Regan said that the AMA will not wait to evaluate the Colorado Project before beginning other projects, however, it will serve as an ongoing model for projects in other states.

The project will be structured around a set curriculum, with an individual scientist visiting a school each month with a different topic. The set curriculum will utilize different media such as audio-visual aids, slide shows, even Magnetic Resonance Imaging, in the case of radiology. The scientist will coordinate with the teacher in order to make the communication of natural science effective and exciting. Dr. Regan said that the Hall of Life of the Denver Museum of Natural History will become one of their prime sources for the resources the scientists will use, and their approaches will include field trips as well. One possibility is a trip to a rehabilitation laboratory to learn about artificial limbs. A neurologist will discuss sleep and dream pat-

terns and space medicine and laser medicine are also being discussed. The ways in which science, and especially medical science, apply to our daily lives will be the main focus of the educational program.

The Colorado Alliance for Science, now in its seventh year, is starting to become excited about this concept as well, as they are doing similar things in other areas of science, but have not had a representative from the biological sciences in the past. Dr. Regan, as the first physician to become active in this area, has been appointed by the Alliance to a committee to further this cooperation. The Project will also cooperate with the Hall of Life, as their aims in educating young people in the natural sciences are convergent.

The first classroom experiences sponsored by the project should start in October, or at least November, says Dr. Regan, since Dr. Loeb of the AMA wants to have some concrete results to report at a March seminar in Washington, bringing together scientists and educators to discuss the drop in interest in science education.

The project will begin with the larger school districts in the Denver area, but Dr. Regan hopes to have it expand into other areas of the state within a year. He says that the teachers will be called upon to recommend the topics for future efforts, and they hope to have some sort of direct evaluation by the students, in order to increase the chances for effectiveness of the education. One possibility that has been discussed is having the school video tape a discussion after the scientist leaves, then allowing the project participants to view the tape. Since the aim of the project is to make natural science attractive and desirable to students, especially those in grades four through six, the emphasis will be on trying "to better introduce natural sciences, and primarily health and medical sciences, into the classroom in more of an exciting, hands on fashion, rather than the didactic lecture type scheme," says Dr. Regan, making evaluation of the success of the project a critical component.

Peace: An Unprecedented Opportunity

by Richard Martinez, M.D., President, Colorado Chapter
Physicians for Social Responsibility.

"I have chosen this time and place to discuss a topic on which ignorance too often abounds and the truth is too rarely perceived—yet it is the most important topic on earth: world peace... What kind of peace do I mean? Not a Pax Americana enforced on the world by American weapons of war. Not the peace of the grave or the security of the slave. I am talking about genuine peace, the kind of peace that makes life on earth worth living, the kind that enables men and nations to grow and to hope and to build a better life for their children—not merely peace for Americans but peace for all men and women—not merely in our time but peace for all time."

*(President John F. Kennedy, Commencement Address
American University, Washington, D.C., June 10, 1963)*

Twenty-five years ago, President John F. Kennedy and Nikita Khrushchev signed the Limited Test Ban Treaty which banned the testing of nuclear weapons above ground, under the sea, and in space. The work of Physicians for Social Responsibility brought about changes in public attitudes at that time which enabled such a treaty to be ratified. President Kennedy wished for a comprehensive test ban that would ban all nuclear testing, but had to settle on the limited ban. Even in 1963, before nuclear winter, before Chernobyl, before MX and SDI, he understood the enormity of the nuclear weapons problem.

As a physicians' organization which has been dedicated to the prevention of nuclear war for over twenty-five years, we have an unprecedented opportunity to assist our nation in further forward movement for a safer world and more secure nation. We have a window of opportunity to achieve President Kennedy's desire for a comprehensive test ban that is essential for ending the arms race and achieving peace. Those physicians that volunteer their time and energy in this vision and see their involvement in this issue as important, if not more important than other preventive public health issues facing our country know that a comprehensive test ban would be the beginning of the end of the arms race; it would be the pulling of the plug on the engine that perpetuates this madness. We understand the impotence of those arguments that are put forth again and

again to justify continued testing and that these topics of reliability and verification no longer carry weight. We know that since 1970 only 8 of 300 nuclear tests were for reliability testing and that the remainder are for the development of more accurate, more deadly, more powerful, and more expensive weapon systems that can only lead to a world of greater instability, and ironically, a nation impoverished of security.

"...end the development of these 'third generation nuclear weapons.'"

We understand that such a treaty as John Kennedy desired would end the development of these "third generation nuclear weapons." We with this vision also understand the economics of developing such weapons, and not only in terms of the immediate cost of such "research and development," but of the bankruptcy that lies ahead by such a path. As physicians, can we sit quietly while our federal government spends 350 million dollars on AIDS research last year which is only 9% of the amount spent on Star Wars research? Or can we sit quietly

when we know that 3 1/2 days of our military budget - \$2.5 billion - is the amount the U.S. government spends on programs benefiting children (health, welfare, education, etc.) - \$2.5 billion? We as physicians also understand that such a treaty would put an end to the continued venting of radioactive fallout and its medical and environmental impact, and would allow us to turn our energy and creativity to the problem of accumulated nuclear wastes from weapons production facilities.

Several remarkable events bring hope to all physicians that have been involved in this issue. These events include the continued support in the U.S. House of Representatives to limit nuclear tests to 1 kiloton and the introduction of a similar bill in the U.S. Senate for the first time in 1987, while at the same time, we are all able to witness the revolutionary changes taking place within the Soviet Union under their new leader. In addition, under General-Secretary Gorbachev, we have been able to watch the Soviet Union participate in a unilateral nuclear testing moratorium for 19 months. Other events include the recent drafting of a remarkable piece of legislation by Senator Harkin from Iowa known as the Space Protection Act which would ban all weapons in space of any kind utilizing the Antarctic Treaty as a model, and for the first time, through the new Defense Authorization bill which the President recently vetoed, Congress

(Continued)

(Continued from preceding page)

requested that the Department of Energy begin to explore alternatives to nuclear testing in order to guarantee the reliability of our nuclear forces—this is a clear signal that Congress is taking seriously the possibility of eliminating testing in the near future. And lastly, the recently ratified INF Treaty establishes verification procedures that can be used in future arms reduction treaties.

Indeed, we have a window of opportunity. However, we can take advantage of this opportunity only if we continue to do what we have been doing well for many years. The physicians' movement has played an important role in this public health problem. From the early publications on the medical consequences of nuclear war to the creation of a worldwide movement of physicians through International Physicians for the Prevention of Nuclear War with over 200,000 members in over 55 countries, the physicians have consistently demonstrated the importance of their involvement in this work. The selection of the physicians' movement for the 1985 Nobel Peace Prize validated our work and has had a significant impact in bringing world recognition to our educational and political agenda. However, our work is not at an end, but at an important beginning. We must continue to press forward with our message in strength and knowledge, and we must avoid being lulled to sleep by the recent positive accomplishments. We must continue to hold our political leaders accountable to our vision, and we must continue our creative and imaginative ways in which we bring our vision to the public. Those who have been involved cannot despair or wearily withdraw, but continue to lead in this choice of humanity and morality over dependence and at times blind faith in science and technology. For those of you who are overwhelmed with this modern dilemma, you must continue to find satisfaction in whatever it is that you are able to contribute, no matter how large or how small, whether it is through donations, volunteerism, writing to your Congressional delegation, or taking the time to remain informed and voting accordingly. There are millions of people all over the world working for this peace that we all desire, people wishing to redirect our resources and creativity, away from this deadly distraction, and toward that which is ennobling in humanity — the creation of art and music, the preser-

vation of beauty, the building of social and economic justice, the nurturing of love, and the promotion of life over violence and destruction.

One hundred and fifty years ago, we were faced with another great debate and moral dilemma. The institution of slavery continues to percuss our consciences and raise questions about man's relationship to man, of what is just and right.

"...about man's inhumanity toward himself as well."

Our current dilemma will not be solved in our lifetime, just as the problem of slavery did not disappear with Lincoln's actions. Ours is an age in which we must ask not only about man's inhumanity to other men, but about man's inhumanity toward himself as well. In the nuclear age, we are faced with a crisis of the self, a crisis that involves our thoughts and attitudes toward ourselves as well as those born and unborn that we love. We are faced with a world which we in some way must take responsibility for having created or, a world which we allow to exist as it is and as we see it by our inactivity. We have the choice of life over death in this nuclear matter, the choice of real investment in our children and the future, the choice of the moral and correct path of peace over cynicism deceptively cloaked in the garments of pragmatism. We can continue to tolerate life as it is with dark and forboding weapons of genocide everpresent, or we can choose, in this historic time, to press forward with the choice of human life and human potential through peace.

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The 118th Annual Meeting of the Colorado Medical Society House of Delegates at Marriott Denver City Center September 15-17 will honor those members who mark their 50th year of medical practice. These physicians are honored on the basis of their date of graduation from medical school.

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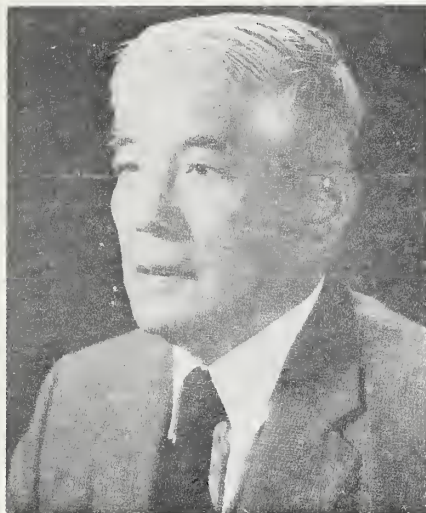
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The Gentle Spirit Of George Takeno

by Robert L. Horner, MD

(reprinted by permission from *Outlook*, December 1987)



George M. Takeno, M.D.

Midway through his first year of internship on December 30, 1941, George Takeno, long-time Adventist physician in Denver, was informed he was no longer needed at the Los Angeles County Hospital. Fortunately, he was invited to join the staff at the White Memorial Hospital to complete what he could of the remaining year.

"When the inevitable letter arrived I knew I would not be allowed to finish my internship. There was no indication that I'd ever finish."

To have more than 25 percent Japanese blood meant you were marked for trauma. Life was uncertain. The *Los Angeles Times* and local radio stations shouted the news of the Japanese relocation centers. Takeno's father, a Japanese language teacher and martial arts instructor, was a prime suspect and was the first family member to be sent to a camp in Arizona. His mother was picked up next and sent to a camp in Tujunga, California.

Those were dark days for George and his friends. Each day his discussions

with James Higa involved the inevitable. George sold his father's new '41 Dodge and made sure his own Model A Ford was ready to take him where he would have to go. Classmate John Wheldon provided George with a large screwdriver and a wrench—the basic tools needed to keep the car running. When the order from the War Department finally arrived, George was mentally ready. His recall of April 10, 1942, remains vivid. He was instructed to report at the Tulare Race Track, now known as the Tulare Assembly Center. Upon his arrival he was relieved of his well-kept Model A Ford. It wasn't long before he met Herbert Hata and James Higa. Because of the dust from the race track there were many cases of pulmonary coccidioidomycosis. Hata, Higa, and Takeno operated the center's outpatient clinic.

*"It's all in the past.
We must live in the
present and for the
future."*

George Takeno, M.D.

In August, 1942, the trio were taken by train to Minidoka, Idaho, 20 miles from Twin Falls, one of ten permanent internment sites in the United States, home to 10,000 Japanese-Americans. Takeno was one of seven physicians who ran the small relocation center hospital.

A few Seventh-day Adventists met every Sabbath. Among the baptisms during this time at the center was mother Takeno.

The nightmare ended after 18 months

of internment. In the fall of 1943, now free to resume his life, Takeno was accepted at Philadelphia's Episcopal Hospital to complete his internship. He was also given a check for \$50 for his Model A Ford.

"Recently an offer was made by the Los Angeles County Auditor and Controller's office to give each individual who lost his job in December, 1941, \$5,000 as reparation money," Takeno said. "The thought came to me that although \$5,000 is not a great deal of money, it could, nevertheless, help some worthy medical student with his tuition expenses at Loma Linda University Medical Center."

Takeno looks away when asked directly about the emotional impact of that deeply traumatic internment experience. Then he offers the poignant but positive comment, "I had no resentment then; I have no resentment now. It's all in the past. We must live in the present and for the future."

In November, 1986, Takeno packed up his office books and mementos to move into retirement, after completing 40 years of practice and 30 years in general surgery as a staff member at Denver's St. Luke's and Porter Memorial Hospitals. Denver is where he met and married Setsuko Hatanaka, then an employee of Porter Memorial Hospital, with whom he has shared his life for 35 years.

Now that he has more time, Takeno intends to further his already well-developed nature photography skills and gardening abilities.

One of his oldest patients said just prior to his retirement, "Nagai aida O se wa ni nari mashita," loosely translated, "I have been under your loving care for a long time."

C/M

Robert L. Horner is a hand and upper extremity surgeon, practicing in Denver, and a member of CMS.

MEDICAL NEWS

CCAPS at Annual Meeting

The Colorado Child and Adolescent Psychiatric Society (CCAPS) is presenting its 1988 Annual Meeting in conjunction with the 118th Annual Meeting of the Colorado Medical Society. Our guest speakers, Elizabeth B. Weller, M.D. and Ronald A. Weller, M.D., professors, Ohio State University Department of Psychiatry will present "Bi-Polar Disorder in Children and Adolescents" on Friday, September 16, 1988 at 6:30 p.m. followed by a wine and cheese reception. Diagnostic and therapeutic issues in childhood depression will be the subject of an all day workshop to be held on Saturday, September 17, 1988. This workshop will include formal presentations by Drs. Weller, with panel discussion by local faculty. Interaction between the conference participants and faculty will be encouraged. This workshop is scheduled at the Marriott City Center in Downtown Denver. For information and registration materials, please contact Sylvia Bowen at (303) 979-6310.

CCAPS is also participating in a joint panel with the Colorado Medical Society from 2:40 p.m. to 4:00 p.m. on Friday, September 16, 1988. Donald W. Bechtold, M.D., James Lauer, M.D., and Bruce D. Miller, M.D. will present issues in Child and Adolescent Depression and Suicide. More information is available either from Mary Ann Yanik at the Colorado Medical Society, (303) 779-5455, ex. 308, or from Sylvia Bowen at the Colorado Child and Adolescent Psychiatric Society at (303) 979-6310.

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Caribbean Conference

Dr. James B. Jackson's Second Annual Caribbean Medical-Dental conference, "Aggressive Management of Your Retirement Plan and Valuation of Your Practice" will be held January 29 through February 3, 1989 at the Virgin Grand Beach Hotel, St. John. For more information contact James H. McCray, DDS,

MAGD, Seminar Coordinator, Professional Education Society, 231-B Flamingo Road, Mill Valley, CA 94941, or phone (415) 435-4414 or 1-800-872-3070.

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Environmental Symposium

The Seventh Annual International Symposium on Man and His Environment in Health and Disease, will be held February 23-26, 1989 at the Sheraton Park Central Hotel in Dallas, Texas. The Seminar is sponsored by the American Environmental Health Association (formerly HERFS); and co-sponsored by the American Academy of Environmental Medicine. National and International physicians and scientists will relate the most advanced information available on the environmental and nutritional aspects of health and disease processes in the human body. For more information contact Kim Rice, (214) 324-1731 or (214) 368-4132, or Celia Poole, (214) 368-4132 or write 8345 Walnut Hill Lane, Suite 205, Dallas, TX 75231.

C/M

Nutrition Symposium

Plan now to ski Utah while attending the Ninth Annual Nutrition in Contemporary Medicine Symposium, March 7-11, 1989 in Park City, home of the U.S. Olympic Ski Team. The symposium will be tailored to the skier. Topics include an update on the nutritional aspects of weight modification, aging, mineral utilization, pediatrics, diabetes, food policy, gastroenterology, renal disease and trauma. For more information, call or write, Division of Foods and Nutrition, 239 N-HPR, College of Health, University of Utah, Salt Lake City, UT 84112. (801) 581-6730.

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Let's Do Something About Child Abuse!

Next year, one out of every 130 children in Colorado will be a victim of emotional, sexual or physical abuse.

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"Let's Do Something About Child Abuse!", sponsored by Family Focus Inc. (formerly Child Abuse Prevention Volunteers), and co-sponsored by CMS, is asking medical professionals, community business leaders, law enforcement officers, social workers, teachers, day care providers and volunteers to attend. It's not too late to register. Cost of the two day conference is \$90 for pre-registration and \$120 after October 7. For a brochure and more information, contact: Family focus, Inc., 1649 Downing Street, Denver, CO 80218, (303) 860-0023.

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September 15, 1988

Volume 85, Number 17



W. EUGENE SMITH/Black Star

through weeds growing rank in an unkempt
orchard, Dr. Ernest Ceriani of Kremmling makes
his way to call on a patient." — LIFE,
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Looking Back Over 40
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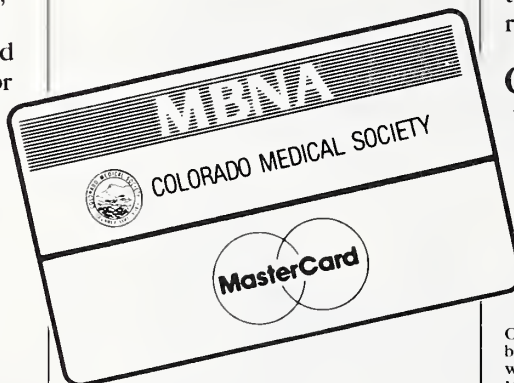
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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

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Theodore R. Sadler, Jr., M.D., President
Colorado Medical Society, 1987-1988

Year End Review:

"What has changed? The World has changed!"



W. EUGENE SMITH / Black Star

"Having done his best for the child [who was kicked by a horse], (Dr. Ernest) Ceriani is worn out and tense as he completes the emergency treatment. He has stitched the wound in her forehead so that she will have only a slight scar, but already knows that nothing can be done to save her eye and tries to think of a way to soften the news for her parents."

— LIFE, September 20, 1948

With a look back at the classic photographic essay in *Life* magazine, September 20, 1948, about Dr. Ernest Ceriani in Kremmling, Colorado, *Hippocrates* magazine ("New Doc In Town," September/October, 1988) presented a follow-up of 40 years. It's interesting to reflect on the changes occurring over the four decades and to project into the future.

The community (Kremmling or any community) has changed little; the people are the same; the physicians are the same - well-qualified, compassionate,

seeing all patients; the diseases are basically the same with the exception of AIDS; and the hospital is still present. There, however, the similarities cease.

The hospital, which boasted of \$10,000 new equipment in 1948 (a single X-ray machine may now cost over \$1 million), made most of its own supplies (now disposables), had no tax base but used fundraisers (now foundering with a tax base), is faced with innumerable problems.

*"...before we get a system
nobody wants but
everybody can afford."*

What has changed? The world has changed! Dr. Ernest Ceriani passed away in April, 1988. Dr. Michael Auringer, who took over the practice of Dr. Ceriani, has had to leave Kremmling, after less than 2 years practice in the clinic. Mike was married at the beginning of the summer and he and his wife have relocated to his home town of Mansfield, Texas.

Economics have played a role - hospitals and physicians have increasing paper loads with decreasing funds, tightly managed health care systems and the ever-present ugly head of increasing liability premiums.

Ethics has played a role - we have over 37,000,000 people who do not have minimal to adequate health care and indigent funds are decreasing.

We clearly must face more rationing of care in the future.

Looking to the future

With this background, we have done well this year in the CMS - your support has been fantastic. We have a solid, highly motivated staff moving forward to meet challenges. We are sound, financially. We have excellent programs and enlightened legislative activities.

We have been fortunate to have played the major role in the passage of the best liability legislative package in the country. We will continue to be involved as there will undoubtedly be challenges to its constitutionality.

We in Colorado Medical Society have a strong foundation on which to face the future, a foundation built by the likes of Ernie Ceriani and so many of you who have remained in practice these past four decades, but we have a horizon clouded by decreasing funds; tremendous health labor shortages with increasing reliance on lesser-trained personnel; a change in perception of health care professionals from altruism and desire to heal to concern about money; a rapidly increasingly older physician population being beset by both their own age and volume of patients, with fewer young people to follow; a striking loss of interest by young people in the health care field; and an environment of unbelievable technology. To paraphrase a recent comment, we need "to find a creative solution to the problem of health care before we get a system nobody wants but everybody can afford."

I leave these challenges to Dr. Bob Hartley (the "New Doc In Town") and the society. I am sincerely appreciative of the support you have given me this year, and I am grateful for the privilege of having served you.

God Bless!

C/M

MEDICO-LEGAL NEWS

by Catherine M. Meyer, Esq., Associate, specializing in Appellate Practice and Health Care Law,
Montgomery Little Young Campbell & McGrew, P.C.

Prepared for the Board of Directors and members of Colorado Medical Society by the legal firm of Montgomery Little Young Campbell & McGrew, counsel to the CMS.

HOW TO RECOGNIZE A KICKBACK AND AVOID UNWITTING ENTANGLEMENT IN THE INSPECTOR GENERAL'S NET

The Prospective Payment System (PPS) for Medicare changed the entire framework for health care delivery in this country. It was designed to foster competition and cost containment. As a result, providers are encouraged to ally in an effort to provide the best care at minimal cost and to develop alternate sources of revenue.

Unfortunately, the fraud and abuse statutes enacted under the old system have not changed to keep pace with PPS. The antikickback provision is so broad that it will catch the abusers, but will also snag providers who may be in technical violation but are not abusing the system in fact. You should become familiar with the statutes to avoid unwitting entanglement in the fraud and abuse net.

WHAT IS A KICKBACK?

The federal antikickback statute is broad and encompasses many activities which have traditionally been recognized as acceptable in the health care industry. The elements necessary to prove a violation are simply:

- a) Knowing and wilful conduct;
- b) Soliciting, receiving, offering or paying;
- c) Any remuneration;
- d) Direct or indirect;
- e) In cash or in kind;
- f) In return for referrals or in return for arranging or recommending the purchase, lease or ordering an item or service;
- g) Paid for in whole or in part by Medicare or Medicaid. (432 U.S.C. § 1320a-7b(b))

"...even the receipt of a pencil in exchange for a Medicare referral..."

Technically, even the receipt of a pencil in exchange for a Medicare referral would be a violation of the kickback provisions. At least one Department of Justice prosecutor has indicated his willingness to prosecute even minor infractions of this type. Areas of concern where the kickback provisions might be applicable include: acquisition of physician practices where part of the bargain for exchange includes the value of an existing patient base; direct or indirect incentives granted by hospitals to physicians in order to encourage admissions; joint venture agreements and other similar cost containment efforts.

WHAT IS NOT A KICKBACK?

The only recognized exceptions to the kickback provision are those which are set forth in the statute. These include:

- a) Discounts or reductions in price if properly disclosed and appropriately reflected in costs claimed or charges made;
- b) Amounts paid to an employee by an employer in a true employment relationship;

- c) Certain group purchasing venture agreements; and
- d) any practice which will be set forth by the secretary [of HHS] as a "safe harbor".

The difficulty in the current kickback provisions is that the net which was spread to snag the people gaming the system may also catch the unwitting wrongdoer or the truly beneficial cost containment arrangement. There is a strong movement afoot to create certain "safe harbors" protecting recognized activities which commonly occur in the health care marketplace for prosecution. In 1985, as a result of the outcry from the private sector, the Inspector General wrote to the Department of Justice requesting permission to inform the public that two prevalent marketing practices would not warrant prosecution. Although the Department of Justice recognized that many of the cases which were referred for prosecution were declined, it refused to immunize the conduct and stated that if any changes were to be made they would have to be made by Congress. In 1987 Congress took the bull by the horns and provided an additional exception which would allow the secretary to promulgate regulations setting up certain "safe harbors". As of this date the secretary has solicited comments from the health care industry concerning the "safe harbors", but no formal regulations have been issued.

Presently, the only exceptions safe from prosecution are the three exceptions existing by statute and any venture or

(Continued)

MEDICO-LEGAL NEWS

(Continued)

acquisition which does not involve the Medicare system in any way.

Although the new legislation creates the possibility for "safe harbors", it also creates expanded authority to the Office of the Inspector General to prosecute. The Office of the Inspector General has indicated in recent keynote addresses to seminars on the subject of fraud and abuse that it intends to aggressively prosecute questionable joint venture arrangements. Attorneys representing members of the health care industry are in a quandary because there is always some risk in a practice acquisition or a joint venture arrangement. It is almost impossible to give an entirely clean opinion on these issues if they involve Medicare reimbursement and depend on continued referrals to make the arrangement work.

WHAT ARE THE RISKS?

The antikickback statute has a sound foundation in terms of protecting the system and the patient. It was intended to address the problems of additional cost to Medicare/Medicaid; over- or misutilization; elimination or reduction of the patient's freedom of choice; violation of medical ethics; and violation of the usual and customary practices in the health care community. True kickback arrangements can result in some or all of these problems. Some arrangements, which technically confer a benefit in exchange for referral do not add to costs or any of the principles the law seeks to correct. Many of these arrangements occur daily in the health care industry.

The risk to the givers and the recipients of the alleged kickback are severe. The antikickback statute is a criminal statute. Upon conviction for this felony, the offender may be fined up to \$25,000 and/or imprisoned for up to five years. In addition to the criminal proceeding the agency may seek civil monetary penalties and exclusion of the provider from the program. State licensure could also be at risk.

WHAT CAN BE DONE?

Stay alert to the dangers that certain financial arrangements may present.

What you think is ok may not be. When in doubt check it out. The American Hospital Association has been active in seeking legislative changes and, in particular, defining the "safe harbors" which should be immunized by the secretary's regulations. As providers, your financial arrangements should be carefully designed to eliminate overutilization or increased cost to the Medicare system and to avoid any reduction in your patient's freedom of choice as to their health care provider.

Catherine M. Meyer, Esq. has followed the Fraud & Abuse legislation since the first NHLA Seminar in 1985, has lectured on the subject and has represented providers unwittingly caught in the net.

C/M

ALL PHYSICIANS

COPIC is working with the National Center for Preventive Law and Professor Edward Richards to develop Risk Management Guidelines for Colorado physicians regarding AIDS patients. It is anticipated this will be provided to all physicians by special mailing in the near future.



COMMENT

COVERAGE FOR MEDICAL STAFF COMMITTEE ACTIVITY

It has been pointed out by a COPIC insured that he was recently offered other coverage by a policy which contains the following policy language: "...WHAT THIS POLICY DOES NOT INSURE (EXCLUSIONS)....

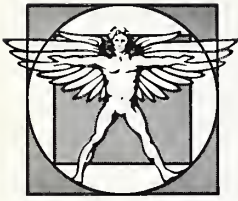
...Any claim which results from any act or omission to act in connection with your activities as a department head or committee member for the staff of any hospital..."

The COPIC policy specifically contracts to "...pay on behalf of the Insured:....All sums which the Insured shall become legally obligated to pay...including service by the Insured as a member of a formal accreditation, standards review or similar professional board or committee..."

While the claims against physicians in Colorado arising out of committee activity have been infrequent, our physician colleagues who have brought actions seek mega-

damages in return for what they perceive to be unfounded limitations on their hospital staff privileges - and potentially on their ability to earn a living. When good-faith committee activity leads to such a claim, you need to know that your professional liability carrier is just as much behind you as if you were defending a malpractice action for medical negligence. COPIC recognizes that committee activity is a necessary part of medical practice and specifically includes coverage therefore in its policy language.

The bottom line message is this: READ CAREFULLY any insurance policy you are contemplating buying - all parts of it, including the "exclusions" near the end of the policy. If you don't like what you find, or don't understand it, ask the insurer to amend the policy and/or explain it satisfactorily - before you cancel your existing coverage or buy the new policy.



Denver Medical Society Medico-Legal Mini-Internship Program



Seated clockwise are Marc Kaplan, Dave Hutchison, MD, attorney David DiGiacomo, Stan Carson, MD, attorney Barbara Ross, and Donald Aptekar, MD

Congratulations Denver, for a well-orchestrated evening.

Denver Medical Society's Mini-Internship Program took on a new dimension at the very outset when physician faculty gathered with their interns...all attorneys. The faculty and interns got together over dinner to decide on their individual schedules, helping to accommodate the professional lives of both faculty and intern. Shown here are some of those participants, which numbered 12 faculty and 12 interns in this program. Also on hand were DMS Executive Director Steve Kelsey and Barbara Kamerling, DMS Director of Membership Services and Program Development, and Yvonne Reed of the CMS staff.



David Heisterkamp, MD, Chair, Bar Association Liaison Committee of DMS, was called away shortly after opening the evening's program, but left behind to continue their discussions were (clockwise from lower left) attorney Richard Perales, William Sutherland, MD, Frank Manart, MD, attorney Barbara Ross and Stephen Shogun, MD.



Also participating were (l to r) attorney Larry Sather and Jeffrey Rose, MD, CMS President Ted Sadler, MD (back to camera), and attorney Kathryn Hazouri. On hand for the program was Malcolm Tarkanian, MD, chairman of the CMS Mini-Internship Program, seated at the table behind Sather and Rose.



(Clockwise, from lower left) Michael Trierweiler, MD, attorney Peggy Ball, Paul Redstone, MD, attorneys Bob Truhlar, Peggy Ball and Brian Hugen in "after-dinner" conversation.

PHYSICIANS AND SCHOOL SPORTS PHYSICAL EXAMINATION

by Donald E. Cook, M.D., Chairman
Committee on School Health and Sports Medicine
Ellen J. Stein, Director
Division on Health Care Policy

The Colorado Medical Society School Health and Sports Medicine Committee has recently been asked their opinion regarding the best way to conduct physical examinations on high school and junior high school athletes. This question is pertinent for two reasons:

1) First, many communities have depended upon local Medical Society Physicians to do mass examinations on athletes who wish to participate in school sports. These examinations have usually been of the line-up type physical and conducted with little or no charge to the athlete.

2) Second, the currently increased malpractice concerns in Colorado raises the question as to whether this is a safe and viable alternative for either the school districts or the physician involved doing the physical.

Historically, most student athletes have been examined either by their private physicians in an office setting or in a mass or line-up type of examination. The first method still can be the best and most effective type of examination available, if it is done by a physician knowledgeable about the sport in which the athlete will participate and by a physician who schedules enough time for the examination and who does this examination in a complete and thorough

manner. In no way can the line-up type of examination be done adequately and therefore, this type of examination should be dropped.

The station-type of examination done by a group of physicians with each physician examining a specific body system is currently in vogue in many circles. This is an excellent type of examination, if a counseling or summation station is setup for each participant after their physical examination has been completed and after the history has been gone over.

"...this type of examination should be dropped."

It allows the physician at each station to thoroughly examine a specific body system, i.e. ear, nose, and throat, eye, cardiorespiratory and musculoskeletal. It also provides a time for counseling the athletes about potential problems discovered during the examination. Time is allowed for counselling regarding training techniques, diet, acute injury care, and so forth. A pre-examination history form should be completed by the participant before the examination so the physicians involved will all have a

chance to review the athlete's past history. The parents, coaches and students as well as the physicians involved should recognize that this examination is only a screening physical and that any condition discovered during the examination will need to be further evaluated elsewhere and an appropriate information sheet should be supplied to each athlete. Their parents should also be included in some manner in the screening so they will realize that in a screening examination there are some conditions that are difficult or impossible to detect.

Ten years ago, these last items were unnecessary, but with the malpractice situation as it is today, they should be mandatory. In Colorado, we have been fortunate as physicians to have had as good a relationship with the public schools, as we have had. This can continue as long as conscientious physicians and medical societies continue to provide care for the school athletes. This should help prevent the problem that has arisen recently in Alaska and Wyoming and other surrounding states where chiropractors have been allowed to do school and athletic physical examinations. Please, continue to work with your high school athletes and the schools as many of you have done in the past. You will find it a very rewarding activity.

C/M

TWO SEPTEMBER PROGRAMS IMPORTANT TO PHYSICIANS CONCERNING CARDIOVASCULAR DISEASE

Rocky Mountain Regional CVD Conference

"The Risk Factors of Cholesterol, Smoking & Hypertension"

September 30, 1988

7:45 am to 4:30 pm

Dennison Auditorium

UCHSC, 4200 E. 9th Avenue.

Co-sponsored by the American Heart
Association of Colorado, Colorado
Department of Health,
University of Colorado School of Nursing,
Center for Human Caring

KEYNOTE SPEAKER: Michael White, the Associate
Director for Prevention, Education & Control of the National
Heart, Lung & Blood Institute in Bethesda, Maryland.

CONFERENCE DESCRIPTION: A one-day conference
concentrating on the 3 major risk factors of cardiovascular
disease -- smoking, cholesterol and hypertension. Topics
to be addressed are: Dietary & Drug Treatment of Risk
Factors & Nursing and Dietician Intervention in Patient's
Education.

OBJECTIVES: Upon completion of this conference,
participants will be able to:

1. Identify the new risk reduction trends for hypertension, cholesterol and smoking.
2. Explain the key changes in treating and controlling hypertension.
3. Describe the National Cholesterol Education Program and its impact on the health profession industry and the public.
4. Explain the dietary and pharmacologic treatment of hypercholesterolemia.
5. Describe adherence and behavior change strategies in cardiovascular disease.
6. Discuss public cholesterol screenings--the guidelines, implications and critical issues.
7. Describe new smoking data and its use in patient intervention.

TUITION: \$60 for active and retired professionals. For students, the tuition is \$50.

For further information on conference attendance,
please contact Judith B. Igoe, RN, MS, (303) 270-7435.

University of Colorado School of Medicine

"Confronting the Cholesterol Challenge"

Cholesterol Education Program for
Physicians

September 29, 1988

Writer's Manor Conference Center
1730 S. Colorado Boulevard
Denver, CO 80222

Sponsored by the Division of Internal
Medicine
Office of Continuing Medical Education

Course Objective: To discuss practical detection,
evaluation and treatment recommendations for blood
cholesterol based on guidelines from the National
Cholesterol Education Program. To familiarize
physicians with recent advances in cholesterol
knowledge, to help prepare for the increased demand
for cholesterol screening.

Credit: The University of Colorado School of
Medicine is accredited by the Accreditation Council
for Continuing Medical Education to sponsor
Continuing Medical Education for physicians. This
offering meets the criteria for 2 hours in Category I
of the Physician's Recognition Award of the American
Medical Association and for 2 hours from the
American Osteopathic Association.

Course Director:

RICHARD L. BYYNY, MD

Professor of Medicine

Head, Division of Internal Medicine

University of Colorado School of Medicine

Faculty:

REAGAN BRADFORD, MD

Director, Oklahoma Lipid Research Clinic

Oklahoma Medical Research Foundation

Oklahoma City, Oklahoma

ROBERT H. ECKEL, MD

Associate Professor of Medicine

University of Colorado School of Medicine

Registration Fee:

\$20.00

Contact: Office of CME, Univ. of Colorado School of
Medicine, 4200 E. 9th Avenue, Box C-295, Denver,
CO 80268



FROM THE COLORADO DEPARTMENT OF HEALTH

by Linda Dusenbury, R.N., M.S.N., Director
Cardiovascular Disease Control Program
Colorado Department of Health

Quality Assurance Guidelines for Effective Cholesterol Screening Programs

An advisory committee appointed by the Colorado Department of Health (CDH) is currently preparing quality assurance guidelines for implementing community cholesterol screening programs. These guidelines address key issues for operating safe and effective programs including: working with local physicians and resources; proper performance of the cholesterol assay; personnel selection and training; client education/counseling/referral; liability; client follow-up and screening evaluation.

The need for these guidelines stems partly from the increasing public interest in cholesterol. People want to "know their number". The 1986 NHLBI-NCEP Cholesterol Awareness Survey revealed that less than 10 percent of adult Americans know their cholesterol level. As interest in knowing their number increases, many adults are turning to community screening programs. However, the most desirable place for cholesterol screening is still within the medical setting. (Since about seventy-five percent of adults visit a physician at least annually, the National Cholesterol Education Program recommends that blood cholesterol be measured on all adults at their first physician visit as the preferred strategy for detecting persons

with increased cholesterol levels).

The widespread interest for community cholesterol screening has been prompted in part by the availability of new technology which measures blood cholesterol from capillary blood samples obtained by fingerstick. Attractive features of this technology include the minimal discomfort associated with the fingerstick, portability of the equipment, the availability of test results within minutes and the low cost per test. Such features make it attractive for public and private organizations to screen in high traffic areas such as shopping malls and grocery stores.

***"People want to
know their
number...."***

Procedures and methods for these screening programs are addressed in the CDH Cholesterol Screening Guidelines. Failure to give adequate attention to these guidelines can impair the effectiveness of community screening programs. (For example, if technicians are not properly trained on the fingerstick technique and analysis of the sample, falsely low or high readings may be obtained and incorrect information provided to the screenee. This causes needless anxiety and expense for the screenee and inefficient use of the physician's time).

Programs which are modeled after the

CDH Cholesterol Screening Guidelines will provide a valuable service to Colorado communities. Physicians may experience an increasing number of referrals as a result of screening programs. If physicians follow the recommendations of the National Cholesterol Education Program (summarized in *Colorado Medicine*, Volume 84, Number 20, December 15, 1987, and Volume 85, Number 4, February 15, 1988) for evaluating and treating persons referred, we anticipate better control of cholesterol in Colorado. A concerted co-operative effort of the medical community, public, and private organizations will help us meet the following objective recently set by the 1986 action plan, Colorado Action for Healthy People: "By 1995, fifty percent of all Coloradans between 20-70 years of age will have his/her serum cholesterol level checked and will know what it is."

Thank you for the key role you play in helping to achieve this objective and ultimately reducing morbidity/mortality from coronary heart disease in Colorado.

To obtain your copy of the CDH Cholesterol Screening Guidelines or sample patient and professional cholesterol education materials, contact:

Linda Dusenbury, R.N., M.S.N.
Director,
Cardiovascular Disease Control
Program,
Colorado Department of Health,
4210 E. 11th Avenue
Denver, CO 80220

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Wine With Food: The Art of Matchmaking

by John Meredith, Wine Columnist

Ed. Note: Mr. Meredith is a wine columnist and a student of wines of the world. He is an independent contributor to Colorado Medicine. Views expressed herein are Mr. Meredith's and do not reflect the views or opinions of the members, officers or directors of the Colorado Medical Society. Nor does this column represent a scientific study or report; it is presented solely as a feature for the readers of Colorado Medicine. Reader comments, questions and additions regarding Mr. Meredith's column are welcome. Address them to: Editor, Colorado Medicine, P.O. Box 17550, Denver, CO 80217-0550

This month, Mr. Meredith files his column from West Germany.

The tradition of serving certain wines with certain foods began in the cities of Europe, rather than its countryside: the affluent natives of Paris, London, and Brussels had the luxury of sampling wines from all over the continent with foods from around the world. In the process, they discovered some particularly good combinations, such as champagne with oysters and port with stilton cheese. Since the sharing of food and drink is usually planned with the maximum pleasure in mind, it's important to know which of these combinations, based on tradition and the accumulated preferences of generations of food and wine enthusiasts, have proved most successful.

It is equally important to recognize that while such traditional combinations are sound and still legitimate, there is no such thing as the "correct" wine for a given dish and one should be willing to leave some room for imagination. To put it another way, there is a food for every wine, but many possible wines for most foods. As such, the combinations mentioned here -- some widely agreed upon, other pairings I've found to be particularly interesting -- are intended as an outline, a useful guide to creating fascinating taste harmonies and memorable dining experiences based on your personal taste.

Some food and wine flavors rarely work together successfully. Foods that are overly spicy or pungent -- pickles, garlic, vinegar, anchovies, tabasco or worcestershire sauce, mustard, chilies, citrus fruits, ginger, curry, cilantro -- may overwhelm the sturdiest of wines when used in excess; moderation is the key. Dark chocolate creams and sauces can make wines absolutely unrecognizable. Try using dry white wine with a splash of lemon juice in salad dressing instead of vinegar.

HORS D'OEUVRES: Brut champagne and fino sherry (which works especially well with salty or smoked hors d'oeuvres) are classic aperitifs and excellent icebreakers. Wines that are too sweet will dull rather than stimulate the appetite, but German and Alsatian riesling,ercial Madeira, dry vermouth, and vermouth-based aperitifs such as Lillet will whet the appetite.

APPETIZER/FIRST COURSE: A first course of soup or an appetizer not only affords variety and balance to a menu, but it may suggest a different wine as well. Classic combinations include caviar with champagne or iced vodka, escargots with white Burgundy, p  te or foie gras with gewurztraminer or Graves, soups or broths with dry sherry, prosciutto and melon with dry riesling, salami with Tavel rose, light pasta or risotto with orvieto, and smoked salmon with premier cru Chablis.

Additionally, sauvignon blanc is a fine match for quiche, artichokes, asparagus, antipasto (which works well with soave and valpolicella), and dishes prepared with olive oil or tomato-based sauces.

FISH/SHELLFISH: Fish is more sharp than heavy and is better matched with more acidic, dry, crisp white wines (although fish dishes accompanied by full-flavored sauces require robust whites and light reds). Grand cru Chablis and champagne are classic accompaniments to oysters and muscadet blends beautifully with mussels. Other excellent pairings include crab, lobster, and crayfish with chardonnay, Beaujolais, or pinot noir, sole with white Graves, red snapper and trout with German riesling, and chardonnay with saltwater fish like swordfish, sea bass, cod, and halibut.

MEAT/POULTRY/GAME: Strongly flavored meats demand red and white wines with an intense rather than subtle flavor; by the same rule, poultry, because it tends to be gentle and straightforward in flavor, is best accompanied by full-bodied, dry whites and delicate reds. With beef, the maxim is the

finer the cut, the finer the wine: Barbaresco, cabernet saugivnon, Burgundy, and Rioja are excellent matches with the likes of prime rib; beef stew marries best with a hearty red zinfandel, Shiraz, or Rhone.

Veal, lamb and ham suggest a chardonnay, pinot noir, merlot, or varietal rose (depending on the preparation); liver with cabernet, roast pork with barbera or pinot noir, and sausage with gewurztraminer are all fine pairings. Roast chicken and turkey suggest chardonnay or pinot noir, while sauteed fowl work well with white Graves or chenin blanc; duck and goose complement Rhone, Burgundy, or cancerre, while game birds require a fine cabernet or Brunello. Venison and elk need the flavors of a big cabernet or Cote Rotie.

CHEESE: The acidity in wine is complemented beautifully by the alkalinity in cheese; there is a well-established harmony between the two. The better combinations include the blues (Gorgonzola, roquefort, danish) with barolo or amarone; the soft-ripened cheeses (brie, camembert, muenster) with cabernet or pinot noir; the English cheeses (cheddar, cheshire, stilton) with port or hermitage; semi-soft cheeses (gouda, edam, fontina, havarti, port salut) with Burgundy or merlot; and swiss (Gruyere, emmenthaler, jarlsberg) with chardonnay or grignolino.

DESSERT: The world's great sweet wines are usually reserved for the end of the evening. The classic wine/dessert combinations include nuts with oloroso sherry or port; strawberries and cream with sauternes or late-harvest riesling; custards, puddings, and crepes with asti spumante; cakes and pastries with sauternes, German aslese, or oloroso sherry; and fresh fruit with a sweet chenin blanc or muscat.

While roses and blanc de noirs do not generally rate with red and white wines as dinner companions, they can be useful in bringing together the various flavors of a cold buffet, barbecue, mountain-side picnic, or, perhaps, that intimate dinner on a hot summer night - whatever the menu.

Exploring the interaction of good wine and good food can be the most enjoyable of pursuits, as long as you never lose sight of the fact that the whole purpose of pairing food and wine is to offer your

guests the most satisfying dining experience possible. Wine is meant to add pleasure, not work, to our meals

C/M.

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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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COLORADO MEDICINE magazine is the official journal of the Colorado Medical Society, but as such is also authorized to carry general advertising. Publication of any advertisement in COLORADO MEDICINE does not imply an endorsement or sponsorship by the Colorado Medical Society of the product or service advertised. Published articles represent opinions of the authors and do not necessarily reflect the official policy of the Colorado Medical Society unless clearly specified.

colorado medicine

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Robert D. Hartley, M.D., President
Colorado Medical Society, 1988-1989



Ed. Note: Following is the presidential address by Robert D. Hartley, M.D. to the Annual Meeting of the CMS House of Delegates, September 15, 1988 at Denver, Colorado

Earlier this year, the Colorado Medical Society conducted a survey of physicians in the state. Questionnaires were mailed to a random sample of 1825 CMS members and non-members. Responses were received from 875 physicians, a 48% response rate. From that, three general issues emerged as being of most concern to Colorado physicians:

- 1) Professional liability/malpractice;
- 2) Loss of professional autonomy;
- 3) Public image of the medical profession.

Four current activities constitute the Society's core attributes:

- 1) Representing medicine's views to the state legislators;
- 2) Representing medicine's views to Congress;
- 3) Representing medicine's views to regulatory agencies;
- 4) Communicating medicine's concerns to the public.

Colorado physicians support CMS's undertaking new activities that reinforce the current core attributes, especially:

- 1) Promoting an improved physician image;
- 2) Establishing standards of medical care.

In May of this year, an ad hoc committee met for the weekend to develop a Strategic Plan for CMS for the next three to five years. Part of that process

was the drafting of a mission statement for the Colorado Medical Society. This mission statement and the Strategic Plan are presented to you for your debate and approval.

There are four specific areas which I will focus on today. Paul Ellwood recently stated that the values of health care consumers have shifted across time from choice to price to access to quality.

"Quality is becoming the driving force in health care today."

Quality is becoming the driving force in health care today. Debates rage about how do we define it, how do we measure it and what parameters do we use. In a recent survey of hospital CEOs and presidents of hospital medical staffs, it was the opinion that quality of care is declining in hospitals. In 1986 it was rated as excellent in 55% of the hospitals. In 1988 that rating is down to 44%. Fifty percent of those hospital CEOs and one third of the hospital medical staff presidents felt that the quality of care is deteriorating because of lack of physician commitment. In July, the Leadership Planning Session was devoted to the question of quality of care. A task force has been appointed to define and recommend what role CMS should take regarding this issue.

The second area of concern is defining what is an adequate level of health care. In a recent Colorado Trust survey on health care in Colorado, 98% of Colora-

dans feel that everybody should have the right to see a doctor and be admitted to the hospital when they need. What is the level of care to which they have that right? The Presidential Commission a few years back stated that we should develop a floor below which no one should fall, not a ceiling to which each one should rise. Many states are now beginning to look at this and are trying to define it for their citizens. We have begun that process here. The Socio-Economics Council, or the new Council on Medical Service, has taken the task next year of trying to define what is an adequate level of care. They are soliciting input from any interested Colorado physician.

The result of this definition has enormous impact upon the issue of uncompensated care. The Colorado Trust survey showed that 25% of Coloradans received some free care last year, that 12% have no health insurance and that 13% (approximately 312,000 adults) have unpaid medical bills which they say they will not be able to pay. We must take the lead in helping the public to recognize that health care resources in this country are limited. It is inappropriate and unethical for physicians to ration care. However, we must work with the public through the legislature to develop a list of priorities that makes sense clinically. In this way we can help restore some rationality, equity and economic stability to our health care system.

"we must stay united as a profession"

With all the external forces coming to bear upon our profession, we must stay united as a profession. That does not mean that we don't have our differences, but once debated and a consensus developed, we must speak as one voice. This is true at the national, state and local levels. There are two issues which can have great effect upon us in this regard. The first, on the national level, is the Resource Based Relative Value Study. Whenever it is published, and that date keeps being put off, we must calmly and rationally discuss the study and come to a consensus as to what is best for the profession. Inherent in any change is that some persons appear winners and others losers. I see this as the most potent opportunity yet for our profession to be divided. That division would be the precise outcome that the regulators want because they could then play one specialty against another.

On the state level, the issue is unified membership within Colorado. One of our county societies will probably lose one-fourth of its existing members this year over this issue. At least four other counties are involved to a lesser degree. We now have over 200 members of CMS who are not members of their county societies. Without unified membership, both the CMS as well as each county society would have to stand on their own merits. I am convinced that CMS would continue to do well. The decision is more philosophical; that is, do you feel unification strengthens organized medicine or do you feel that each individual should have the right to choose which organization or organizations to which each will belong? I would urge that we debate this issue based on facts and not emotion. I would hope that whatever the outcome, we will all pull together to make organized medicine in Colorado even stronger.

In his inaugural address at the AMA this year, Dr. Davis stated that if we provide good service to our patients, in the fullest extent, we have nothing to fear. He called upon physicians to serve their patients, both in their practice as well as in their community, asking that we tithe of our time in community service. I know that many of you are already doing this and more within your own community. This involves serving in medically indigent clinics, working with child abuse teams, working with United Way and countless other community agencies. To those of you involved, I say thank you. To the rest, I urge you to get involved. The advancement of this service ethic is another excellent way for us to improve our public image.

"Work is love made visible"
Kahlil Gibran

Finally, I would share a quote from Kahlil Gibran, "*Work is love made visible.*" When you see the number of programs currently underway and those planned for CMS, and when you add up the countless hours contributed by Colorado physicians and CMS staff, then we show a lot of love for this organization.

If we adopt and live up to the proposed mission statement, we have a deep commitment: "Colorado Medical Society will be the leader in Colorado in advocating excellence in the profession of medicine and in the provision of medical care." Are we up to it? You bet! The CMS staff and I stand ready to be your servants in this endeavor. C/M

Good News for Physicians! No COPIC rate increase for 1989

The Board of Directors of COPIC voted September 24 to hold the line on premium increases for malpractice insurance written through the company. Rates for most physicians will not go up, some will even go down under this plan.

The board cited three reasons for the premium freeze, the first is the tort reform carried out this past year by the Colorado Legislature. This should have significant impact on the settlement value of claims. The board mentioned mandatory periodic payments, statute of repose restoration, limitations of liability, and the option of binding arbitration agreements as the main areas where the new laws impact malpractice insurance rates.

Reporting patterns are another factor. COPIC insured physicians are reporting adverse medical outcomes more promptly, and it is clearly evident that early resolution of the events leads to less costly settlement.

Because the 1988 rates charged by COPIC appear to be adequate and company surplus has exceeded \$10 million (enhancing the financial position of the company), the board also mentioned the improved stability of COPIC as aiding in the effort to produce this first "no increase" rate level in several years.

Not all rates will remain unchanged under the new plan, although there will be no across the board increase. Prices will be adjusted to reflect losses generated by particular specialties or classes of physician. Since the first COPIC policy, issued in 1982, increasingly credible experience has indicated changes based on class relativity. Many specialties will see their rates decline, others will see an increase. The board indicated that the changes will be modest in quantity.

K. Mason Howard, MD, CEO, said that because legislative activity played such a large part in the decision not to raise rates, COPIC will be monitoring the changing liability climate in Colorado, "especially the approach of the appellate courts to the elements of tort reform, and the antics of the plaintiff bar as they attempt to reverse or limit the gains of 1988." Howard added it is the hope of COPIC that "Colorado has entered a period of declining costs for professional liability coverage." C/M

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Colorado Medicine for October 1, 1988

Qualified Inspector List

This information was provided by the Colorado Department of Health on August 25, 1988 and its accuracy is their responsibility. Please contact the Department for further information or updates, which are expected monthly at first, then periodically after that.

CATEGORIES OF EXPERTISE

A-General Diagnostic Radiographic Machines and Facilities (Hospital, Medical, Osteopathic, Chiropractic)
 B-Dental, Veterinary, Podiatry Diagnostic Radiographic Machines and Facilities
 C-Industrial Radiation Machines and Facilities (radiographic x-ray)
 D-Industrial Radiation Machines and Facilities (cabinet, analytical, diffraction-fluorescence, etc.)
 E-Therapeutic Radiation Machines and Facilities
 F-Accelerator
 G-Other

Wendell Anderson
 16735 Napa Drive
 Aurora, CO 80013
 (303) 890-4192
 Type: A,B

Colorado Assoc. in Medical Physics
 Gerald White
 330 A West Uintah, Suite 288
 Colorado Springs, CO 80905
 (719) 636-0556
 Type: A,B,C,D,E,F

Rocky Mountain Medical Physics, Inc.
 John Goddard
 7175 West Jefferson, Suite 2150
 Lakewood, CO 80235
 (303) 980-7070
 Type: A,B,C,D

Rocky Mountain Medical Physics, Inc.
 Joseph Seamon
 330 A West Uintah, Suite 288
 Colorado Springs, CO 80905
 (719) 636-0556
 Type: A,B,C,D,E,F

Colorado Assoc. in Medical Physics
 Gregory Gibbs
 330 A West Uintah, Suite 288
 Colorado Springs, CO 80905
 (719) 636-0556
 Type: A,B,C,D,E,F

Medical Physics Associates, Inc.
 Gordon Kenney
 PO Box 18181
 Denver, CO 80218
 (303) 839-6530
 Type: A,B,E,F

Medical Physics Associates, Inc.
 David Herron
 PO Box 18181
 Denver, CO 80216
 (303) 839-6530
 Type: A,B,E,F

Medical Physics Associates, Inc.
 David Taylor
 PO Box 18181
 Denver, CO 80216
 (303) 869-2023
 Type: A,B,E,F

Picker International
 Bruce Sargent
 3402 Reed Street
 Wheatridge, CO 80033
 (303) 371-9400
 Type: A,B,G

Theodore Elmore
 PO Box 3073
 Grand Junction, CO 81502
 (719) 321-9400
 Type: A,B

Radiographic Resources, Inc.
 Frank Nielson
 8825 West 80 Drive
 Arvada, CO 80005
 (800) 365-0000
 Type: A,B

Medical Physics Services, Ltd.
 Steven Wilkins
 475 South Garfield Street
 Denver, CO 80209
 (303) 629-3610
 Type: A,B,E,F

North Colorado Medical Center
 Steven Jones
 1716 15 Street
 Greeley, CO 80631
 (303) 350-6680
 Type: A,B,E,F

CU Health Sciences Center
 Geoffrey Ibbot
 4200 East 9th Street, C-278
 Denver, CO 80262
 (303) 270-8289
 Type: A,B,C,D,E,F

Picker International
 Richard Paul Rouse
 4801 Moline Street
 Denver, CO 80239
 (303) 371-9400
 Type: A,B,G

Colorado Assoc. in Medical Physics, Inc.
 Michael Bailey
 CAMP 330 A West Uintah
 Colorado Springs, CO 80907
 (719) 636-0556
 Type: A,B,C,D,F

CU Health Sciences Center
 Raymond Rossi
 4200 East 9th Street, C-278
 Denver, CO 80262
 (303) 270-7828
 Type: A,B,C,D

CU Health Sciences Center
 Russell Ritenour, Ph.D.
 4200 East 9th Street, C-278
 Denver, CO 80262
 (303) 270-8308
 Type: A,B,C,D,E,F

CU Health Sciences Center
 Edward Hendrick, Ph.D.
 4200 East 9th Street, C-278
 Denver, CO 80262
 (303) 270-8468
 Type: A,B

CU Health Sciences Center
 Francis Newman
 4200 East 9th Street, C-278
 Denver, CO 80262
 (303) 270-4105
 Type: A,B,E,F

CU Health Sciences Center
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 4200 East 9th Street, C-278
 Denver, CO 80262
 (303) 270-7704
 Type: A,B,C,D

CU Health Sciences Center
 Khachig Jerjian, Ph. D.
 4200 East 9th Street, C-278
 Denver, CO 80262
 (303) 270-4103
 Type: A,B,C,D,G

Western Colorado Radiological Assoc. P.C.
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 P.O. Box 2007
 Grand Junction, CO 81502
 (303) 244-2140
 Type: A,B,F

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New X-Ray Inspection Regulations

The Colorado Department of Health has now finished drafting regulations which will be used to implement House Bill 1040 regarding inspection and certification of X-Ray equipment statewide. HB 1040 was signed into law by Governor Romer on April 13, 1988 and required the X-Ray inspection program to start July 1. Within 1 year after that date, all radiation producing machines must be inspected and certified for use. The stickers are good for one year after the date of inspection. These rules apply to all therapeutic and diagnostic X-Ray machines including the one in your office and/or hospital.

Registration of X-Ray machines has been mandated in Colorado since the 1960's, however this much more concerted program will also require inspection and certification and will be enforced more stringently and consistently. In addition, all X-Ray inspection and certification is centralized in the Colorado Department of Health; other levels of government or other groups are prohibited from setting standards for radiation emitting devices or charging you for inspections other than the ones done by Department of Health qualified inspectors.

The major standard for performance will be manufacturer's specifications, says David Gourdin, Industrial Hygienist and X-Ray program Coordinator with the Colorado Dept. of Health's Radiation Control Division. This means basically that your machine should perform as it was designed to perform. If a machine has minor non-compliance problems, the inspector can require that the machine be brought into compliance before issuing a sticker. In one example cited by Gourdin, a physician whose machine is not quite in compliance must wait a week for a part before the repair technician is able to bring the machine back into compliance. The Department would likely allow that machine to remain

in use until the part arrives and the machine passes inspection. Cases such as this are decided on an individual basis. Fines and/or jail sentences are authorized by the act, however, Gourdin says the main intent of the Department is to provide for the public safety, not to punish out of compliance health care providers. The more severe methods of enforcement will be used only when other avenues are exhausted.

A machine will be shut down if it is determined to be unsafe for human use. If the qualified inspector determines that this is the case, the act directs that a non-certification sticker be placed on the machine, that the owner or operator be notified immediately and that the Department be notified within three days. Either sticker, the certification or the non-certification will cost \$30 (plus any inspection fee, usually ranging between \$40 and \$150 per hour, charged by the inspector) and must be placed in a prominent position visible to anyone attempting to operate the machine.

In addition to setting standards for the safety of X-Ray equipment, the Department was charged with setting qualification standards for X-Ray machine inspectors. Inspectors are qualified in categories of equipment as well as on levels of expertise. They must have certain educational and experiential backgrounds and demonstrate their proficiency to the Department. A Tier I inspector, much like a Master Plumber, has the primary responsibility for inspections. Corresponding to the Journeyman level is the Tier II inspector who may be less experienced but must work under a Tier I inspector until he can meet the requirements for Tier I. Qualification requirements for each level of inspector are good only for certain categories of equipment with which the inspector has experience or expertise; diagnostic X-Ray equipment for instance, requires different qualifications than industrial machines. Refer to the accompanying sidebar for a list of qualified inspectors in Colorado, along with their areas of certification.

Inspectors, by law, cannot be state employees. They are private individuals with the required education and expertise who have met the requirements and paid their \$50 application fee. They must be re-certified each year. Inspectors are required to report machines that are unsafe for human use to the Department within 3 days, and to send copies of inspection reports to the Department within 30 days. The Department will send out their own inspectors to spot check machines at random to ensure the accuracy of the inspections. If you fail to have your machine inspected, the Department can inspect it and charge you \$117 per hour up to a maximum of \$1600 per tube to do the inspection, so it pays to have your inspection done as quickly as possible. All machines must be inspected by June 30, 1989.

All Radiation Machine Facilities are required to have applied for registration with the Department of Health, on forms supplied by the Department, and any changes in the registration information must be reported to the Department within 15 days. Registration must be updated when a machine changes hands, location, ownership, etc. Any changes in the equipment which would affect its radiation output require re-inspection within 3 months.

The Department recognizes the likelihood that neither the law nor the regulations will fully address every situation encountered in reality. Because of this they have indicated their willingness to be flexible and to account for good faith efforts at compliance. They will not be so tolerant of those who do not attempt to comply with the regulations. The Department will be glad to accept comments or suggestions on how to more effectively provide for public safety concerning X-Ray equipment.

For more information, or to make comments, contact David Gourdin, Industrial Hygienist, X-Ray Inspection Program, Radiation Control Division, Colorado Department of Health, 4210 E. 11th Avenue, Denver, CO 80220, (303) 331-8480.

C/M

New Blood Pressure Report Out

The 1988 Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure has been issued and is now available for use by physicians to help with management of hypertension.

Since 1972, the National High Blood Pressure Education Program has released three Joint National Committee Reports plus a task force report on the detection, evaluation and treatment of high blood pressure. Each report was based on the latest scientific research related to hypertension control and reflected the state of the art regarding hypertension management. Through the years, application of updated research results has contributed to the prevention of heart attacks, kidney disease, and strokes in the United States.

Since publication of the first report, remarkable changes have occurred in the control of hypertension. The introduction to the Committee's 1988 report says, "The public is more knowledgeable about high blood pressure, more likely to visit a physician for hypertension, and more likely to follow medical advice." These practices are credited with contributing to a 50 percent decline in the national age-adjusted stroke mortality rate since 1972 and a 35 percent decline in coronary artery disease mortality.

Continued progress along these lines will require the hypertension control process to be extended to the entire population along with aggressive treatment programs that include consideration of the life situations of individual patients. The Committee says, "The availability of an increased variety of therapeutic approaches provides the opportunity to improve hypertension control while minimizing adverse effects that may influence cardiovascular complications and adherence to therapy."

Two purposes are stated for the 1988 report, "to guide practicing physicians and other health professionals in their care of hypertensive patients; and to

guide health professionals participating in the many community high blood pressure control programs."

The Committee expects to publish additional documents in a further expansion of this process, however the present report adds greatly to earlier efforts. It broadens the step-care approach to provide more flexibility for clinicians and encourages greater involvement of the patient in the treatment program. Quality of life issues are addressed, as is the cost of care.

This reports also provides more emphasis on control of other cardiovascular disease risk factors and includes discussion of the new cholesterol guidelines. It recommends a *reduction in alcohol consumption* and discusses the *use of calcium and fish oil* supplementation. The report also *specifically examines the needs of special populations*, including blacks and other racial and ethnic minority groups, young and elderly patients, pregnant patients, surgical candidates and hypertensives with coexisting medical conditions.

It updates previous drug tables to include new drugs, revised recommended doses and drug reactions, and suggests consideration of step-down therapy after blood pressure has been controlled. Recent clinical trial data is summarized and implications of this information for medical practitioners are discussed.

The report was the product of a broad coalition of health organizations and societies, along with exemplary individuals in the field. It was published in Archives of Internal Medicine, May 1988 and as a separate publication by the National Institutes of Health, and the National High Blood Pressure Education Program. It is distributed by the National Heart, Lung, and Blood Institute. To obtain a free copy, contact the NHLBI at this address. Ask for JNC IV. The National High Blood Pressure Education Program Information Center
4733 Bethesda Avenue, Suite 530
Bethesda, MD 20814
(301) 951-3260

C/M

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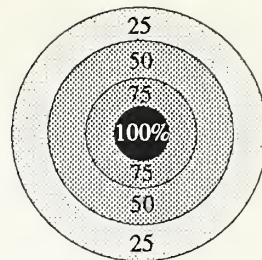
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**colorado
medicine**

The ONE and ONLY magazine devoted to the physicians of Colorado, their professional role in the standards of health care in Colorado and the highest quality care for their patients.

participation '88

Targeting 100% Voter Involvement



Not only are health care issues among the hot topics in this Presidential election year, but the involved physician is a more effective physician. For these reasons and more, we urge you to get to know your legislators at all levels and campaign and vote for the candidates of your choice. Because this direct involvement can often be more effective on a local level than national, we have compiled a list of your state legislative races for your use. Please look up your candidates and make sure they know your views on the issues that may confront the legislature this year. In this process you may determine what views the candidate has and learn who to support on November 8.

STATE SENATE RACES

There are 35 state senate seats. Senators run for 4 year terms and 19 senators must run for re-election in 1988; 7 of these have no opposition in the general election. The are: Ray Powers (R), El Paso county, Tom Norton (R), Weld County, Al Meiklejohn (R), Jefferson County, Bonnie Allison (R), Jefferson County, Terry Considine (R), Arapahoe County, Jack Fenlon (R), Arapahoe County, Regis Groff (D), Adams & Denver counties.

CONTESTED SENATE RACES

Dist 4 - Custer, Fremont, Lake, Park, and Pueblo Counties

Richard Hamilton (D)
Harold McCormick (R)*
(Incumbent)

Dist 8 - Garfield, Grand, Jackson, Larimer, Moffat, Rio Blanco & Routt Counties

Mike Bestor (D)
Dave Wattenberg (R)*
(Incumbent)

Dist 12 - El Paso & Teller Counties

Paul Shepard, Jr (D)
Mary Anne Tebedo (R)*

Dist 14 - Larimer County

Bob Schaffer (R)*
(Democrat challenger to be appointed)

Dist 17 - Boulder County

Margaret Markey (D)
Sandy Hume (R)*

Dist 18 - Boulder County

Jana Mendez (D)
(Incumbent)

Robert Wells (R)

Dist 23 - Adams, Denver Counties

Lloyd Casey (D)
Ted Strickland (R)*
(Incumbent)

Dist 25 - Adams, Denver Counties

Bob Martinez (D)
(Incumbent)

Beth Gallegos (R)*

Dist 27 - Arapahoe County

Eric Boyer (D)
Bill Owens (R)*

Dist 31 - Denver County

Donald Sandoval (D)
(Incumbent)

Christine Valdez (R)

Dist 34 - Arapahoe, Denver

Pat Pascoe (D)
Bill Griffith (R)*

Dist 35 - Arapahoe, Denver

Clarence Brown (D)
Dottie Wham (R)*
(Incumbent)

STATE HOUSE OF REPRESENTATIVES CANDIDATES

Dist 1 - Denver & Jefferson Counties

Daniel P. Powell (D)
Jeanne Faatz (R)

Dist 2 - Denver County

Tony Hernandez (D)
No Opponent

Dist 3 - Denver County

Wayne N. Knox (D)
(Incumbent)

Lawrence J. Depenbusch (R)

Dist 4 - Denver County

Donald J. Mares (D)*
John William Orr (R)

Dist 5 - Denver County

Phil Hernandez (D)
No Opponent

Dist 6 - Denver County

Jerry Kopel (D)
(Incumbent)

"PS" Freberg (R)

Dist 7 - Adams & Denver Counties

Gloria G. Tanner (D)*
(Incumbent)

No Opponent

Dist 8 - Denver County

Wilma J. Webb (D)
(Incumbent)

No Opposition

Dist 9 - Arapahoe & Denver Counties

Bill Rhodes (D)
Pat Grant (R)*
(Incumbent)

Dist 10 - Arapahoe & Denver Counties

Arthur P. Varga (D)
Betty Neale (R)*
(Incumbent)

Dist 11 - Arapahoe & Denver Counties

Ann Duckett (D)
Jeff Shoemaker (R)*
(Incumbent)

Dist 12 - Boulder County

"Ardie" Amdador (D)
Betty Swenson (R)*
(Incumbent)

Dist 13 - Boulder County

Ken Fucik (D)
Stan Johnson (R)*

Dist 14 - Boulder County

Dorothy Rupert (D)
John Hall (R)

Dist 15 - Boulder County

Ruth Wright (D)
(Incumbent)

Dist 16 - El Paso County

Jerry Buchholz (D)
Bill Martin (R)*

Dist 17 - El Paso County

Mark Moriand (D)
Barbara Phillips (R)*
(Incumbent)

Dist 18 - El Paso County

Allison Jones (D)
Tom Ratterree (R)*
(Incumbent)

Dist 19 - El Paso County

Charron Schoenberger (D)
Mary Ellen Epps (R)*
(Incumbent)

Dist 20 - County of El Paso

Neal E. Miller (D)
Charles Duke (R)*

Dist 21 - El Paso County

Chuck Berry (R)*
(Incumbent)

Dist 22 - El Paso County

Renny Fagan (D)*
(Incumbent)

Paul M. Paradis (R)

Dist 23 - Jefferson County

Lance Wright (D)
Marleen Fish (R)*

Dist 24 - Jefferson County

Pat Killian (D)
Harry Emrick (R)*

Dist 25 - Jefferson County

"Tony" Grampsas (R)*
(Incumbent)

continued on next page

Dist 26 - Jefferson County
 Arthur Merriman (D)
 Shirleen Tucker (R)*
 (Incumbent)
Dist 27 - Jefferson County**
 Jim Pierson (D)
 Timothy Cranston (R)*
Dist 28 - Jefferson County
 Mary Lou Krakora (D)
 Richard Mutzebaugh (R)*
 (Incumbent)
Dist 29 - Jefferson County
 Carol Taylor-Little (R)*
 (Incumbent)
Dist 30 - Adams & Denver Counties
 Guillermo DeHerrera (D)
 David Dunnell (R)*
Dist 31 - Adams, Boulder & Weld Counties
 Michael Romero (D)
 Faye Fleming (R)*
 (Incumbent)
Dist 32 - Adams, Denver Counties
 Jeannie Reeser (D)*
 (Incumbent)
Dist 33 - Adams County
 Jim Van Meter (D)
 Kathi Williams (R)*
 (Incumbent)
Dist 34 - Adams County
 "Matt" Jones (D)
Dist 35 - Adams County
 JoAnn Groff (D)
 (Incumbent)
 Bob Dierking (R)
Dist 36 - Arapahoe County
 Steve Ruddick (D)
 (Incumbent)
 Ed Quick (R)*
Dist 37 - Arapahoe County
 J. Bear Baker (D)
 Chris Paulson (D)*
 (Incumbent)
Dist 38 - Arapahoe County
 Beverly Ballantine (D)
 Phil Pankey (R)*
 (Incumbent)
Dist 39 - Arapahoe County
 Paul Schauer (R)*
 (Incumbent)
Dist 40 - Arapahoe, Douglas & Elbert Counties
 Robin Martinez (D)
 Jeanne Adkins (R)*
Dist 41 - Pueblo County
 "Bill" Thiebaut, Jr. (D)
Dist 42 - Pueblo County
 "Gil" Romero (D)*
Dist 43 - Huerfano, Las Animas, Otero & Pueblo Counties
 Juan Trujillo (D)
 (Incumbent)
 Mike Salaz (R)*
Dist 44 - Fremont & Pueblo Counties
 Leo Jenkins (D)*
 (Incumbent)
 Steve Arveschoug (R)
Dist 45 - Larimer County
 Jack Ashley (D)

John Irwin (R)*
 (Incumbent)
Dist 46 - Larimer County
 John Ulvang (R)*
 (Incumbent)
Dist 47 - Larimer County
 Peggy Reeves (D)*
 (Incumbent)
 Bob Eatman (R)
Dist 48 - Larimer & Weld Counties
 Dave Owen (R)*
 (Incumbent)
Dist 49 - Arapahoe County
 Anthony Rechlitiz (D)
 Mike Coffman (R)*
Dist 50 - Weld County
 Richard Bond (D)*
 (Incumbent)
Dist 51 - Weld County
 Leo Berger (D)
 (Incumbent)
 William Jerke (R)*
Dist 52 - Jefferson County
 Mary Minger (D)
 Norma Anderson (R)*
 (Incumbent)
Dist 53 - Clear Creek, Gilpin, Jefferson, Summit Counties
 Samuel Williams (D)
 (Incumbent)
 Cynthia Wiggers (R)
Dist 54 - Delta & Mesa Counties
 "Bill" Morris (D)
 "Tim" Foster (R)*
Dist 55 - Mesa County
 Dan Prinster (D)*
 Reford Theobald (R)
Dist 56 - Eagle, Grand, Jackson, Moffat, Routt Counties
 Paul Bonnifield (D)
 Dan Williams (R)*
 (Incumbent)
Dist 57 - Eagle, Garfield, Pitkin, Rio Blanco Counties
 Dan Arrow (D)
 Scott McInnis (R)*
 (Incumbent)
Dist 58 - Delta, Dolores, Montezuma, Montrose, Ouray, San Miguel Counties
 "Margo" Masson (R)*
 (Incumbent)
Dist 59 - Archuleta, La Plata, Montezuma, San Juan Counties
 Jim Dyer (D)*
Dist 60 - Alamosa, Conejos, Costilla, Gunnison, Hinsdale, Mineral, Rio Grande, Saguache Counties
 Lewis Entz (R)*
 (Incumbent)
Dist 61 - Chaffee, Custer, Fremont, Gunnison, Lake, Park, Teller Counties
 Ray James (D)
 Ken Chlouber (R)*
 (Incumbent)
Dist 62 - Arapahoe County
 Peggy Kerns (D)*
 Richard Kissinger (R)
Dist 63 - Baca, Bent, Crowley, Kiowa, Otero, Prowers Counties

Chris Wilkinson (D)
 Elwood Gillis (R)*
Dist 64 - Adams, Arapahoe, Cheyenne, Denver, Elbert, Kit Carson, Lincoln, Phillips, Washington, Yuma Counties
 Ron Dorn (D)
 "Bev" Bledsoe (R)*
Dist 65 - Logan, Morgan, Sedgwick, Counties
 Don Ament (R)*
**Indicates COMPAC support based on the following criteria: (1) voting records of incumbent candidates; (2) personal interviews with candidates; (3) recommendations of COMPAC members, and (4) statistical analysis of the district.*

PARTICIPATE IN '88

Seek a candidate in your area to support; then volunteer to help in the campaign. The time involved can be dictated by your schedule. If we do not have physicians and spouses working in and contributing to campaigns, we cannot expect to have a successful 1989 legislative session. **NEVER UNDERESTIMATE THE POWER OF PERSONAL INVOLVEMENT.**

We need to know when you do assist with a campaign. Please notify staff at the CMS Government Affairs Division (779-5444 or Wats 1-800-654-5623). This information will aid us in developing a good Key Contact system.

1988 VOTING RECORDS

You may receive a copy of the CMS 1988 voting records of state legislators by writing the CMS Government Affairs Division, PO Box 17550, Denver 80217-1770.

IMPORTANT ELECTION YEAR DATES

Aug 10 Earliest date to apply for absentee ballot from Clerk of Courts or County Election Commission

Sept 19 First day of branch registration

Oct 14 Last day of branch registration

Oct 14 Last day for Colorado voters to register for General Election

Oct 24 Absent voters precinct open in all counties

Nov 4 Last day to vote by absentee ballot

Once again, we urge all physicians to consider voting by absentee ballot if there is any reason to believe that your office schedule may prevent you from going to the polls on election day. Contact your county clerk of courts or election commission to request an application for an absentee ballot. *C/M*

Colorado Medicine for October 1, 1988

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COPIC COMMENT

TERRITORIAL RATES

Are losses in Malpractice claims different in urban vs. rural communities?

The posed question is oft repeated at meetings throughout the state, as practicing physicians - and COPIC - grope for reasons to decrease rates in one fashion or another. The answer is not what some of you would like to hear, and has changed significantly over time:

1. Historically, in the early years (1971-1976) of the CMS-sponsored Hartford program, losses in rural Colorado were significantly less than in the cities. On this basis CMS pressured Hartford to look at the difference from a pricing standpoint.

2. By 1976-77, when the first statistical study of urban-rural loss patterns was carried out, the earlier pattern had

disappeared, so that rates were deemed to be appropriately equal for Colorado physicians in both city and country.

3. At the urging of many COPIC insureds, we have once again taken the requested measure of our experience; that data is presented in the table below. The data clearly shows that within COPIC's own Colorado-only experience, there is no significant difference in the loss patterns which is based on the geographic location of a physician's practice. This issue will be analyzed from time to time, so that appearance of a real difference in territorial experience can be addressed in the rating structure.

AREA	% DOCTORS	% CLAIMS		% DOLLARS (PD & RESERVED)
		ALL	ACTIVE	
Denver	53	48	48	44
Colorado Spgs.	11	12	13	11
Pueblo	3	3	3	10
Boulder	6	7	8	2
Fort Collins	4	4	4	1
Greeley	3	2	3	2
Grand Junction	3	2	2	5
Elsewhere	16	22	20	25

New Law Preserves Physician's Rights To Distribute Drug Samples

by Gerald J. Mossinghoff, President
Pharmaceutical Manufacturers Association

Ed. Note: This article is printed as a result of the number of questions from individual physicians and their related professional associations regarding the drug sampling provisions of the Prescription Drug Marketing Act which becomes effective October 21, 1988. In an attempt to assure that physicians are aware of the particulars of the law, Gerald J. Mossinghoff, President of the Pharmaceutical Manufacturers Association has supplied this article to Colorado Medicine.

Physicians should know that their right to use and distribute drug samples to patients is in no way affected by the new Prescription Drug Marketing Act.

President Reagan signed the Act into law in April. Its main thrust is to establish new requirements affecting the distribution and marketing of prescription drugs. Of specific interest to physicians are the provisions that ban the sale, trade or purchase of drug samples and require manufacturers which distribute pharmaceutical samples to follow certain storage, handling and accounting procedures.

Criminal penalties were put into effect on July 22, 1988 for anyone who sells, trades or purchases drug samples. The penalties can be as much as ten years in prison and up to \$250,000.

The physician needs to keep in mind a few points about this new law:

1. The law does not prevent physicians from receiving or dispensing drug samples.

2. In order to receive samples, physicians are required to sign a written request form verifying the identity of the drug and the quantity requested. This part of the law becomes effective October 20, 1988. This written request form is required by some states and is already commonly used by manufacturers.

3. Although the law does not require physicians to maintain records, manufacturers may ask physicians for their help in assuring that they did receive the samples requested. While the new law does not mandate physicians to cooperate with this verification procedure, the law does encourage manufacturers to implement such a system.

The Pharmaceutical Manufacturers Association and the American Medical Association convinced Congress that the initial proposals to ban samples would hamper efforts to provide quality medical care.

Samples allow the physician to evaluate a specific drug to ensure the patient tolerates it and to determine if the drug has the desired effect. Samples also permit the physician to begin therapy immediately, which can be very important in some cases, especially in rural areas.

As a result, the legislation that was passed does not threaten the practice of sampling, but does help safeguard the integrity of prescription drugs distributed in this manner. In fact, many of the procedural requirements imposed on manufacturers have long been established policies for PMA member com-

panies.

Physicians and patients value drug samples, according to surveys, and believe the practice of sampling should continue. PMA and its member companies also believe in the value of sampling and we will work to implement this new law smoothly so that samples can continue to play a useful role in patient care.

C/M

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Colorado Medicine for October 1, 1988

STATE OF COLORADO



BOARD OF MEDICAL EXAMINERS

Thomas J. Beckett
Program Administrator

During the 1987-88 legislative session, the Colorado General Assembly passed House Bill 1340, which has been signed into law by the Governor. The bill enacts a number of changes and additions to the Colorado Medical Practice Act, which governs the licensing and regulation of physicians.

Of particular interest is the addition of new language which defines as unprofessional conduct:

Prescribing, distributing, or giving any controlled substance, as defined in Section 12-22-303(7) to a family member or to oneself except on an emergency basis. (Reference Section 12-36-117(1)(x), C.R.S.)

Although the term "*family*" is not defined in the statute, the Board interprets the term, for the purposes of the Medical Practice Act, to include the physician's spouse, parents, children, and spouses of the children. The Board does not interpret the statute to prohibit prescribing

for other family members who are seen as regular patients and for whom complete medical records are maintained. The Board envisions an "emergency basis" as one which could not reasonably have been foreseen, in which immediate administration of a controlled substance is necessary for proper treatment, and for which no appropriate alternative treatment is available, including administration of a drug which is not a controlled substance or obtaining a prescription from the treating physician.

C/M

Allergy Conference

The National Jewish Center for Immunology and Respiratory Medicine is hosting a conference called "UPDATE on Clinical Allergy" February 1-5, 1989 in Keystone, Colorado. The conference will provide practicing physicians with up to date practical information on the diagnosis and treatment of patients with respiratory, allergic and immune disorders. 16.5 hours of AMA Category 1 credit is available. The conference will cost \$275, or \$125 for Allied Health and Physicians in Training. For more information contact Jeri Wagner, National Jewish Center for Immunology and Respiratory Medicine, 1400 Jackson Street, Denver, CO 80206, (303) 298-1828.

ASIM Annual Meeting

The American Society of Internal Medicine will hold its 32nd annual Meeting October 13-16, 1988, at the Marriott Marquis in Atlanta. Registrants can earn up to 14 hours of Category 1 CME credit attending educational programs on such topics as the Harvard resource-based relative value study; an AIDS update by the CDC; cost effective cancer screening; accurate coding and claims processing; the future viability of in-office lab testing; finding and retaining good office staff; dual career marriages; upper GI distress guidelines; office gynecology for the

internist, perioperative consultation; and joint fluid procurement, assessment and injection techniques. For information and a brochure, call (202) 289-1700.

American Cancer Conference

The American Cancer Society has announced a conference to be held December 7-9, 1988 at the Hyatt Regency Hotel in Los Angeles, California on Advances in Cancer Management. The objective of the conference is to increase health professionals' knowledge about the advances in cancer management. Specific topics to be covered are: the progress in cancer treatment, the advances in cancer biology which may contribute to cancer treatment, the management of early and disseminated cancer by new treatment approaches, strategies to improve quality of survival and new treatment approaches which have the potential to impact on cancer treatment in the future. This conference meets the criteria for 16 hours of Category 1 CME credit from the AMA. For more information contact American Cancer Society, National Conference on Advances in Cancer Management, 3340 Peachtree Road, NE, Atlanta, GA 30026.

Cholesterol Conference

More and more people want to "know their number", and many of them are your pa-

tients. The National Cholesterol Education Program Coordinating Committee is sponsoring The First National Cholesterol Conference, entitled Cholesterol: A Risk Factor Whose Time Has Come, to be held November 9-11, 1988 at the Hyatt Regency Crystal City in Arlington Virginia.

The conference will feature researchers, physicians, and policy and program experts sharing new knowledge and program successes in the rapidly changing field of cholesterol. There will be workshops on cholesterol measurement, screening, obesity, dietary treatment, and drug therapy.

For more information contact: The National Cholesterol Conference, Artery Plaza West, 4733 Bethesda Avenue, Suite 530, Bethesda, MD 20814, (301) 951-3275.

National Lupus Awareness Month

The Lupus Foundation of Colorado will be sponsoring their annual Lupus Symposium, "a day of education and information on Lupus", October 22, 1988 from 12 Noon to 5:00 p.m. at Craig Rehabilitation Hospital, 3425 S. Clarkson in Englewood. The symposium is held this year in connection with National Lupus Awareness Month, as proclaimed by President Reagan, said Sue Jones, president of the Lupus Foundation of Colorado. Those interested in the symposium should contact Ann J. O'Neill at (303) 789-8498 or 322-8953.

Dear Colleague:

Jerry Schenken is a pathologist from Omaha, Nebraska, who is a candidate for the U. S. House of Representatives. He has been active in politics in Nebraska for a number of years. Schenken most recently served as finance chairman for Hal Daub. Now that Hal Daub is a candidate for the U. S. Senate, Jerry Schenken wants to win Representative Daub's seat in the House.

Jerry has been very active in organized medicine, and is currently serving as a Trustee of the AMA. He is well liked, respected and an articulate spokesman for medicine.

This race is being targeted nationally by both the Republican and Democratic parties. I would urge you to join other physicians from across the country in sending a contribution to Jerry's campaign. Please send them to:

"Schenken for Congress"
P. O. Box 34399
9301 Binney
Omaha, Nebraska 68134

Sincerely,

Robert D. Hartley, M.D.
President

Dear Doctor:

I am writing to tell you that Influenza A is expected in Colorado again this year; however, we anticipate supplies of influenza vaccine to be plentiful. At this time I would also like to remind you about the usefulness of amantadine hydrochloride in the prevention and the control of symptoms of influenza in persons who cannot or will not take vaccine.

This year the American Lung Association of Colorado will be increasing efforts to educate the "at risk" public that influenza is an important disease, a preventable disease and a controllable disease.

From the physician's point of view influenza is preventable, and both the American Lung Association of Colorado and I want to suggest that this is the perfect time to immunize your patients to prevent this disease. Patients who should be at the highest priority for receiving influenza vaccine include all persons over the age of 65 and those under that age with underlying heart and lung disease. Patients with endocrinologic, renal disease or other immunosuppressive illnesses should also receive the vaccine. This year's vaccine has been revised and will contain antigens (viruses) which should stimulate antibodies to protect against infection from the viruses expected for this winter. The

optimal time to immunize is October and November, but remember that immunization can be done at any time, including during the epidemic if the patient is not yet infected. (Amantadine, 100mg/day, can be used to protect the patient for the two weeks it takes for vaccine immunity to become effective). If you are out of vaccine and an epidemic occurs, you can protect your high risk patients by using amantadine hydrochloride (100 mg qd) for the duration of the exposure. If your patient contracts influenza, you can treat the patient with amantadine hydrochloride (100 mg bid) for seven days and this reduces both the severity and the duration of the disease due to Influenza A.

Remember - influenza is an important, preventable, treatable and controllable disease. The American Lung Association, the American Thoracic Society and the American Lung Association of Colorado hope that you will help us control influenza.

The American Lung Association of Colorado has pamphlets available for your office. Contact your local Lung Association office to receive copies. If you have questions about influenza, please call or write me. Thank you.

Sincerely,

Steven R. Mostow, M.D.
Influenza Alert Committee

COCHEM'S TRUST FUND

The Cochem's Trust Fund was created to assist Colorado Medical Society physicians in need of financial assistance. Monies are given only to the physicians (not to his family or estate) and the request must be accompanied by two supporting letters from physicians briefly explaining the nominated physician's background and the circumstance(s) or reason(s) that he/she should receive financial support from the Trust.

If you are aware of a physician in financial need and who meets the criteria listed below, please call the CMS office. The criteria are that the physician:

- 1) Must be a member of the Colorado Medical Society
- 2) Must be a medical doctor licensed by the State of Colorado
- 3) Must be a resident of the state of Colorado for at least ten years

We're here to stay... providing stability and service, year after year.

Doctors' Company Cancels Colo. Premium Increases

SANTA MONICA — With the enactment of Colorado's new tort reform legislation, The Doctors' Company has announced that it will not increase premium rates for its Colorado policyholders as previously planned.

Prior to the law's passage, The Doctors' Company advised its insureds that it had filed with the Colorado Department of Insurance for a premium rate adjustment to a maximum increase of 25.7 percent for some medical specialties. That rate filing has now been withdrawn.

"It is gratifying for us to be able to demonstrate our confidence in Colorado's new tort reform laws and in the practice standards of the state's physicians," stated Joseph D. Sabella, M.D., president and chairman of the board. "We are convinced, based on our experience in California, that significant tort reform can have a substantial impact in moderating events that result in claims and reversing adverse trends in medical malpractice litigation. We know it will take time before we see measurable benefits of the new laws," Dr. Sabella stated. "However, we believe it is important to Colorado's medical community to express our tangible support now."

Reprinted from UNDERWRITERS' REPORT
— June 2, 1988



THE DOCTORS' COMPANY

401 Wilshire Boulevard, Santa Monica, California 90401
(213) 451-3011 • (800) 421-2368

Fred Kuykendall, M.D.



Where do you go when you've retired after practicing medicine for nearly fifty years? If you're Dr. Fred Kuykendall, you go back to the place where you grew up, where you later delivered around a thousand babies, where some of the old timers knew your mother and still call you "Freddy". You go home.

Kuykendall came to Colorado with his family in 1919 and graduated from Nunn High School in '23. After attending Hastings College in Nebraska he taught elementary school in Leadville, then Erie. It wasn't until five years of teaching had passed that he decided to go to medical school. "I didn't know

"I knew being a doctor was the only thing for me."

what I wanted to do when I got out of college," says Kuykendall, "But when I got into medicine, I knew being a doctor was the only thing for me."

"Being a doctor," was what he did. Dr. Kuykendall graduated from the University of Colorado Medical School in 1937 and opened his practice in Eaton in 1939. The war interrupted private practice, but it didn't stop a medical career. Kuykendall joined a medical company of the 2nd Infantry Division. He describes it as going from Omaha Beach to Czechoslovakia. After the war Dr. Kuykendall returned to Eaton, practicing in a clinic across from the grocery store.

Like everybody in those days, Dr. Kuykendall saw many of his patients in their homes. He tells of driving in the country at night, reading the names off mailboxes to find the right place. "They don't have the names on mailboxes anymore," he adds, remembering how many of those house calls were for babies. Kuykendall estimates he delivered about 1,000 of them during those 20 years he spent in Eaton.

Besides the private practice, Dr. Kuykendall was also the "railroad doc" as they were known. Under contract to the Union Pacific, he served the workers on stretches of track between Eaton and Nunn. "It didn't pay much," he says, "but we got to ride the train on passes."

The "we" included his wife Eva, whom he married just before entering medical school. "I couldn't have made it without her," says Kuykendall. Eva was employed at the old hospital in Eaton when they met, a match engineered by her classmate, Fred's sister-in-law. Eva Kuykendall was a nurse in those days, trained at St. Luke's and graduated with a degree in nursing education from the University of Northern Colorado in Greeley. They have spent 55 happy years together since those days.

That old hospital was replaced by a new one in late 1952, with Fred Kuykendall heavily involved in the move. "It was out in the country then," he says, "People thought it was crazy to have the hospital clear out where it was." Kuykendall served as chief of staff at the new hospital. He rates that as one of the high points of his medical career.

A couple of other points which match that one would be his receipt of a 50 year pin from Colorado Medical Society last year, and being elected President of the Weld County Medical Society. "That was really something for a small town doctor" says Kuykendall. He was also an early member of the Colorado Academy of General Practitioners, lending support to that group, as well as serving on the Board of the fledgling Blue Shield

organization.

Kuykendall left Eaton in 1959 to join the University of Colorado's Student Health Department on the campus in Boulder, where he recalls seeing many Eaton kids who were attending the University. A former Eaton colleague, Dr. Bates, talked him into consulting at his family practice clinic in Greeley for a few years after that.

The Kuykendalls stayed in Boulder for a time after retirement in the early 1970's, but the remembrances of Eaton, stirred over the years by periodic contacts, apparently got the best of them. In 1984 Fred and Eva returned to Greeley and renewed acquaintances with old friends, clubs, organizations; sinking their roots back into native soil. Kuykendall had been active in several organizations, including the town and schools. He was a member of the Eaton Civic Association, precursor of the Chamber of Commerce, and the school board, the VFW, the Rotary Club and the Congregational Church.

"I got to know a lot of people and have a lot of fun."

He still keeps in touch with people in the area, maintaining acquaintances which often span several generations of the same family. "The people were wonderful, and still are wonderful," he says, "I have some very loyal friends in Eaton, very loyal. I got to know a lot of people and have a lot of fun."

Apparently the feeling is mutual. Dr. Fred Kuykendall was chosen grand marshal of the Community Days parade in Eaton this summer and profiled in the *North Weld Herald*, where many of his old friends and patients can read and remember the small town physician who cared for them for so many years, and still does.

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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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update

AMA STATEMENT ON THE RBRVS

The following statement concerning the Harvard University RBRVS report has been issued by James S. Todd, M.D., AMA's Senior Deputy Executive Vice President:

"The American Medical Association is pleased that the Health Care Financing Administration (HCFA) is addressing an issue that has been a concern to the medical profession and its patients for some time.

As early as 1984, the AMA urged the government to study the present system of reimbursing physicians for services to Medicare patients and devise a more equitable system. We have proposed that Medicare change its schedule of allowances, based on an appropriate relative value scale (RVS), to more accurately reflect the reality of medicine today. Assuming Harvard's Resource-Based Relative Value Scale study is credible, the government and physicians will for the first time have a legitimate foundation for Medicare's fee structure.

The AMA has not and will not endorse the study until we have sufficiently analyzed its results and consulted with the national specialty and state medical societies," said Dr. Todd. "As a subcontractor on the research project, the AMA has only been committed to the completion of the study, not its adoption.

AMA'S BOARD OF TRUSTEES WILL EVALUATE THE RBRVS report at its Oct. 10-13 meeting in Chicago. In 1984 AMA urged government to support the conduct of the RBRVS study as a possible means for devising a more equitable reimbursement system. It, of course, has not endorsed the findings of the study. It will now proceed to analyze those findings and consult with the national medical specialty societies and the state medical associations in determining its policy which will be determined by the House of Delegates at the 1988 Interim Meeting Dec. 3-7 in Dallas and at the 1989 Annual Meeting June 18-22 in Chicago.

CIM

Resource Based Relative Value Scale

Study Released by Harvard University

The Medical Profession and the Government may finally begin the complex process of analyzing Harvard's Resource-Based RVS report and developing recommendations now that it has at last been delivered to HCFA following 33 months of study and preparation. Presentation of the 2,000-page volume merely marks the beginning of a new stage in efforts to determine whether and how the study could be applied in altering the physician reimbursement system under Medicare. AMA will rush copies of the report to all state medical associations and the 77 national medical specialty societies who have been granted representation in AMA's House of Delegates so they can begin reviewing the report's findings and recommendations. A summary will follow shortly. Those societies and also the more than 450 staffed county medical societies will be invited by AMA to convene in Chicago on Nov. 13 for a meeting focused on the RBRVS report and its potential impact upon the profession.

Some surprisingly large average increases or reductions in Medicare reimbursement might be in store for some specialists if Congress opts to revise reimbursement in STRICT ACCORDANCE to the findings and conclusions of the RBRVS report. NEVERTHELESS, THESE RBRVS IMPACTS SHOULD BE REGARDED AS TENTATIVE AND PREMATURE. The authors conduct a very simplified simulation of immediate and total implementation of the RBRVS under the constraint of "budget neutrality." In other words, no more or less money is spent by Medicare on the services of these specialties. In addition, they only examine a portion of the service provided by 14 of the 18 specialties included in the study. The authors admit several areas of unfinished business, including treatment of practice costs, and the RBRVS

will undergo considerable refinement by the PPRC, HCFA, and the Congress before it can be used by Medicare. Thus, the RBRVS released by Harvard and used in these simulations is likely to change before any possible adoption by Medicare. In addition, a transition period under which physicians would have time to adjust to the new payment system is probable.

Under the report scenario family practitioners would be the greatest beneficiaries. On average, they could realize gains of as much as 60-70% in their Medicare income since they would be compensated for their cognitive services. On the other hand, thoracic surgeons and ophthalmologists, for example, could on average have their Medicare payments slashed by 40-50%. Other specialists would fall somewhere between the two extremes and some would be little affected. In light of the fact that some of the proposed specialty-to-specialty shifts in Medicare reimbursement would be "drastic," William Hsiao, PhD, principal investigator for the report, has recommended that there be a lengthy phase-in period of "at least five years." "It is likely that more specific policy on a transition period will be adopted by the House in December. The report, as was known from the very outset, supports the view that the current reimbursement system is strongly oriented toward procedures, particularly surgical and invasive procedures, rather than for such services as visits and consultations.

Principal findings of the RBRVS report were published in the Sept. 29 issue of the NEW ENGLAND JOURNAL OF MEDICINE. In designing the study the Harvard researchers defined a physician's output as time, mental effort and judgment, technical skill and stress. Approximately 2,000 physicians in 18 specialties were asked to compare the work involved in various services in their specialty field with that of a reference procedure selected by the research-

ers. From the information derived from that survey the researchers determined the relative value of procedures within the specialty. Procedures common to more than one specialty were then used as reference points to determine values across the specialties. This led to establishment of values for 407 of the 7,000 CPT codes that describe physicians' services. Through a process of grouping codes into families of closely related services and extrapolating values for all services within those families from a benchmark procedure values were ascertained for about 2,000 codes. Those values were then combined with indexes of practice and opportunity costs developed for each specialty to derive resource units for each procedure. In one of the NEJM articles focused on the study William L. Roper, M.D., Administrator for the HCFA, again cautioned that development of an RBRVS fee schedule won't address the problem of Medicare volume and intensity increases believed to be responsible for about half the growth in the program's annual outlays for physician services.

The Physician Payment Review Commission, (PPRC), which advises government on physician reimbursement matters has discussed Harvard's RBRVS findings. The PPRC has endorsed an RVS fee schedule concept for Medicare reimbursement, but not necessarily the Harvard approach. On Nov. 2 the PPRC is scheduled to hold formal hearings on the report before proceeding with its detailed review of the project. It is slated to hold a second hearing Jan. 18-20. In late 1989 a follow-up Harvard study expanding the RBRVS report to additional specialties is scheduled to be delivered to the HHS. On March 31, 1989 the PPRC will present its report on RVS recommendations to Congress. Three months later the HHS will make its RVS recommendations to Congress. January, 1990 is the very earliest that any RVS approach could be implemented.

C/M

Resource Based Relative Value Scale Study

*Answers to your questions
Provided by the CMS and the AMA*

What is an RBRVS?

A relative value scale (RVS) is a list of physician services ranked according to "value." For a resource-based RVS (RBRVS), "value" is determined by the resource costs of providing physician services. The Harvard RBRVS is based on the physician time and intensity associated with providing a service, practice costs, and the amortized opportunity cost of specialty training. Time and intensity together comprise total work, which, as directly estimated by physicians in a national survey conducted by Harvard, is the main building block for the RBRVS. Harvard collected data on practice costs and opportunity costs from other sources. An RVS requires a dollar conversion factor to determine actual payments. The Harvard study does not provide a basis for conversion factor determination.

How Might an RBRVS be Used?

The most promising use for an RBRVS is as a basis for a Medicare schedule of payments. It is likely, however, that if the RBRVS proves acceptable, and is used by Medicare, it will influence physician payment policy by other third party payers and HMOs.

Why has the AMA Favored Development of An RBRVS?

Over four years ago, the AMA recognized that change was coming in this area. A new Medicare schedule of payments, based on an appropriate relative value scale (RVS), will provide an acceptable alternative to such potentially disruptive approaches as diagnosis-related groups (DRGs) for physicians services and mandatory capitation. It will

preserve the best features of fee-for-service medicine for patients. The AMA House of Delegates concluded that a new RVS should be developed based on the actual resource-costs associated with providing physician services.

How Does the AMA Believe Medicare Should Pay for Physicians' Services?

The AMA favors Medicare adoption of an indemnity fee schedule system. Payments would be based on a uniform and simple schedule of payments that reflects differences in the "resource costs" of providing physician services across individual services, specialties, and geographic regions. Physicians would set charges and Medicare would determine payments.

Indemnity fee schedules would be preferable to Medicare's increasingly distorted and controlled "customary, prevailing, and reasonable" (CPR) payment system. A new Medicare indemnity payment system holds out the promise to end much of the tinkering (MAACs, Inherent Reasonableness) that has plagued Medicare physician payment in recent years.

Why Didn't the AMA Conduct the Study Itself?

We wanted to do so, working with the specialty societies, and submitted a detailed RVS proposal to HCFA for funding in 1985. HCFA cited legal and practical barriers in rejecting a direct contract with any medical organization. We concluded that we could cooperate with the Harvard group, which had developed the RBRVS approach.

Did The AMA Have a Favored Outcome for the Study?

No. We had no preferred result. The AMA position was that the CPR system was flawed and distorted, that resource costs provided a better basis for physician payments, and that a new cost-

based RVS should be developed.

What Has Been the AMA Role in this Study?

The AMA was a subcontractor to Harvard. Harvard had a "cooperative agreement" with the Health Care Financing Administration (HCFA). The AMA worked to ensure that the experiences of practicing physicians were accurately reflected in the study by

- furnishing advice on the study's methods;
- working with the national specialty societies to secure physician nominations for the project's technical consultant groups (TCGs);
- providing data on practice costs and patterns from the AMA Socioeconomic Monitoring System; and
- supplying a nationally representative sample of physicians from the AMA Physician Masterfile.

Responsibility for the study's findings rests with the authors.

Is the RBRVS Developed by Harvard Ready for Use "As Is"?

No. There must be external review and confirmation of the study's findings. It will be even more important to consider the feasibility and advisability of translating this research into Medicare policy. The medical profession will take a major role in these efforts.

In addition, the Harvard researchers identify several areas where further analysis is necessary before the RBRVS could be translated into policy. Most prominent is the treatment of practice costs. Other topics will likely require careful examination. These include:

- measurement of resource costs for "evaluation and management" services (visits and consultations);
- estimation of pre- and post-service time;
- cross-specialty links (to put spe-

cialty-specific Total Work estimates on a common scale); and

- the national Medicare charge data used for extrapolation (from the 407 surveyed services to the remaining services for the study's specialties).

Finally, the RBRVS developed by Harvard only covers a portion of the services provided by 18 specialties. It will be necessary for the study to be extended to additional services for some of these specialties as well as to a number of additional specialties. HCFA has a congressional mandate to extend the study to 15 additional specialties by late 1989.

Has the AMA Endorsed the RBRVS?

No. While continuing to support completion of the study, the AMA has continually stated that we are not committed to endorse its results or their implementation.

How will the AMA Develop Policy on the RBRVS and When Will a Position Be Announced?

The AMA will evaluate the reliability and validity of the Harvard RBRVS. It will also carefully examine potential impacts on Medicare beneficiaries, physicians, and the Medicare program under a variety of implementation scenarios. Finally, the AMA is considering whether and how the RBRVS data can best be used in a Medicare payment system. The AMA will consult closely with specialty societies and state medical associations in this effort.

The AMA's objective will be to identify the study's strengths and weaknesses, assess their relative importance, and seek modifications as needed.

The AMA's evaluation will provide the basis for reports from the AMA's Board of Trustees to its House of Delegates. Through a report to the House, the Board will make recommendations regarding the AMA position on the RBRVS. At its December 4 - 8 Interim Meeting in Dallas, the House of Delegates will make the final determination regarding Association policy.

Who Else Will be Reviewing the RBRVS?

The Physician Payment Review Commission (PPRC), HCFA, the Congress, and the Health Care Financing Administration (HCFA) will each carefully weigh the RBRVS findings. Both the PPRC and HCFA have announced plans to develop a new Medicare RVS. Although the Harvard data are likely to play a major role, other considerations, including potential impacts on benefi-

aries and physicians, will affect the final RVSs produced by these bodies. Their efforts will be aided by the AMA and other physicians' organizations.

How Quickly Might an RBRVS be Used by Medicare?

Given the need to evaluate the RBRVS and establish policy on related issues, it is unlikely that an RBRVS could first be used by Medicare before 1990 at the very earliest. Even then a transition period for implementation of several years is likely.

How Final Are the RBRVS Impacts Presented by Harvard?

The RBRVS impacts presented are tentative and premature. The authors conduct a simplified simulation of the implementation of the RBRVS FOR ONLY 14 SPECIALTIES under the constraint of "budget neutrality." ("In other words, no more or less money is spent by Medicare on the services of these specialties. Budget neutrality can produce cuts at the specialty and service level that have no rationale other than budget neutrality.")

The RBRVS will require considerable evaluation and refinement by the PPRC, HCFA, and the Congress before it can be used by Medicare. Thus, the RBRVS released by Harvard and used in these simulations is likely to change before any possible adoption by Medicare.

Also, these simulations apply to only a portion of the services provided by the 14 specialties. Impacts are likely to be altered when additional specialties and services are included in the RBRVS.

In addition, a transition period is probable. One approach might be to blend a physician's CPR payments with RBRVS/fee schedule payments over a period of 4 to 6 years. Changes in any one year would be moderated. Physicians and patients would have time to adjust to the new payment system.

Finally, the Harvard simulations are based on 1986 practice patterns. By 1990, when a new payment system might first be implemented, the practice patterns that will determine impacts on physicians and patients are likely to have changed in important ways.

Thus, the budget neutral simulations presented by Professor Hsiao and his associates should not by any means be regarded as definitive.

Even So, Isn't an RBRVS Likely to Result in Payment Changes Across Physicians and Specialties?

A new Medicare payment system based on an RBRVS will bring change.

Relative and absolute payments by Medicare will shift across types of services and across specialties. Some of these shifts may be substantial, and the AMA takes them extremely seriously. Our analyses will focus on ensuring that unnecessary and unwarranted payment shifts are avoided. They will recognize that, depending on the conversion factor, an RVS can produce any level of payment for a given specialty or service.

Under a budget neutral constraint, funding the new relative values for visits indicated by the RBRVS appears to require significant cuts in many other services, regardless of whether these services are in some sense "overpriced" under the current system. If Medicare does not increase payments for visits to the levels indicated by a budget neutral RBRVS analysis, they must also moderate payment cuts by a like amount. Not to do so would be inequitable to patients and their physicians.

Will an RBRVS-Based Payment System Eliminate the Need for Physicians to Establish their Own Charges?

No. An RBRVS, which has no monetary meaning, provides no basis for establishing a fixed fee schedule. The RBRVS is based on average total work and average practice costs for the average patient. It cannot recognize differences between physicians in patient mix, experience, quality, or practice costs. Nor can it account for local market conditions that affect access to care. An RBRVS-based fee schedule will require the flexibility that comes with the ability for individual physicians to establish their own charges, with Medicare clearly stating what it will pay for a particular service. Rigid charge controls will inevitably produce distortions that harm patients and physicians alike.

Will an RBRVS-based Physician Payment System Save Medicare Money?

This is a difficult question. An RBRVS in and of itself cannot bear the burden of controlling health care expenditures. It will simplify and rationalize physician payment. As part of an indemnity fee schedule system, its simplicity will enhance the effectiveness of the appropriate market forces that can restrain expenditures.

Nevertheless, controlling expenditure increases will require a continuing focus on the volume and intensity of the services provided to patients. The AMA will be a leader in the efforts to increase the quality, appropriateness, and effectiveness of medical care.

C/M

PL94-142 - ITS POTENTIAL PROBLEMS FOR PRIMARY CARE PHYSICIANS

*Donald E. Cook, M.D., Chairman
Committee on School Health and Sports Medicine
Ellen J. Stein, Director
Division of Health Care Policy*

The passage of the Education Of All Handicapped Children's Act (PL94-142) in 1975 culminated a decade of effort to allow all handicapped children to take advantage of the free public educational opportunities available to other children. Specifically, it guaranteed an appropriate educational opportunity to exceptional students in the least restrictive environment with the right to special education and related services especially designed to meet his or her individual needs. Related services, for clarification, are defined as school health services, or those services which can legally be provided by a registered nurse (R.N.). It also includes medical services, but only diagnostic and evaluation medical services and not therapeutic services. Therefore, medical services which would be excluded are those that would be provided by a physician.

The law also states that each child will have a yearly re-evaluation or individual education plan, (the I.E.P.). This plan must be comprehensive, multidisciplinary, and should require some medical input. The more severely compromised students usually will need physician input at least directed to the school nurse as the person responsible for school health services implementation. Therefore, the child's physician will be directly or indirectly involved in the child's I.E.P.. The degree of involvement will depend on whether the physician chooses to attend the I.E.P. hearing in person or simply to send written guidelines, orders, prescriptions, or their feelings about

the child, his/her status and potential.

While PL94-142 addressed the needs of children ages 5 through 21, it did nothing for the under 5-year age group, a group where early intervention can greatly improve the educational outlook, if it is addressed soon enough. Therefore, PL99-457 was passed in 1986 to supplement PL99-142. It requires each state to develop a comprehensive inter-agency advisory system for children with handicaps or special needs from birth through age 5. It incorporates early identification and early intervention services for these children.

The laws are both flawed in that no medical input was obtained prior to their passage despite strenuous efforts by the American Academy of Pediatrics. This despite the fact that the physician is usually the professional who will see the special needs child both first and most often in the first five years of life. While a system has been mandated for states, neither necessary services or adequate funding was provided.

There are some inherent problems involved for physicians who care for children who come under the auspices of either PL99-142 or PL99-457. As one might expect in the 1980's, one of these is physician liability.

Some background information is necessary to appreciate the current situation:

1. Many schools have no registered nurse available.
2. Most schools which do, have a nurse available only part time, i.e. the public health nurse in many sparsely populated areas serves as the school nurse for many schools over a large area in addition to her other duties. Also, the school nurses average three elementary schools apiece through the state of Colorado. Very few nurses cover only one school. Many more handi-

capped pupils now attend public schools than were able to do so in previous years, partly because medical science helps more of them survive for longer periods, and also because of the mandate of PL94-142.

3. Because of the least restrictive environment clause, many parents rightfully opt under the law to have their children attend a school in their neighborhood. The special schools specifically designed for the care of handicapped students have been closed or been greatly reduced in size.
4. Because many schools do not have full time nursing coverage and because a severely handicapped student may be placed in such a school, it would be logical for the nurse to delegate many of the medical tasks to another person. However, because of the Board of Nursing's interpretation of the law in 1988, the R.N. may lecture and provide demonstrations to non-licensed individuals, but may not supervise their clinical practice or supervise non-licensed personnel performing tasks for which a license is required. They further state that the scope of practice of a licensed person is determined by statute and cannot be extended by another person, such as a physician or a nurse. In other words, a physician or a nurse cannot order that an unlicensed person may provide care in a school setting which would ordinarily be done by an R.N.
5. Because many of the students, if they are to attend, need complicated medical procedures done while at school and because these procedures require a physician's order and often require a physician to train someone in the school setting to do them, the physician becomes involved.
6. In Colorado, the Captain of the Ship Doctrine is still the law. Therefore, a

physician who writes an order to a school may be held responsible for the correctness of the procedure and its outcome. The regulations also state that the licensed physician must provide direction to such non-physician health care providers in order to specify what medical services should be provided under the circumstances in each case. This does leave physicians with a dilemma.

a. If he or she refuses to become involved with one of his patients in the school setting, he could be cited for neglect or abandonment. If he writes the order and even trains the involved personnel, but his orders are incorrectly carried out by these persons, he may be held responsible.

b. What can the physician do at the present time?

1. He or she can refuse to be involved as recommended by one of our consultants. This will probably cost the physician a patient and could cause problems with abandonment. This is the coward's way out and will not help the child or the physician in the long run. I would hope that no physician would choose this course.

2. The physician can write a prescription or give specific orders for

the child. He must be explicit in who should do what and how. This should be done in the context of what is best for the child. The physician should keep a copy of these prescriptions or orders in the child's chart. If training is necessary, the physician should either do it or make certain that it is done by a qualified person or persons. He or she should not as previously mentioned mandate a non-licensed person to do a procedure usually carried out by an R.N. or a physician. If it is obvious that qualified personnel will not be available to provide care, the physician should notify the proper school authorities and the parents of the problem. He or she should be willing to act as a consultant to bring the problem to a safe conclusion for the good of the student. It is also the role of the physician to make appropriate referrals to other professionals following diagnostic evaluations. If the physician goes this far, it is difficult to imagine that a court would find him liable if an untoward event occurred.

We should not turn our backs on this potential problem and abandon the handicapped children for whom we provide medical care. We should continue to try to

change the Captain of the Ship Doctrine in Colorado so that we could no longer be held liable for the acts of others over whom we have no control. The schools and handicapped parents might be our allies in this type of action. Great progress has been made in Colorado in tort reform as well in the care and education of handicapped children. The above-mentioned problem should not be insurmountable at this time, if we care enough to try to solve it. C/M

SECTION ON WOMEN IN MEDICINE

Leslie Moldauer, M.D., Chairman

Ghodsi Daneshbod-Skibba, M.D., Editor

The Annual Business meeting of the Section on Women in Medicine was held on Thursday, September 15, 1988 in conjunction with the Annual Meeting of the Colorado Medical Society at the Downtown Marriott Hotel. Elections for the entire slate of officers of the Governing Council were conducted. New officers include, Doctors Leslie Moldauer, Lynn Parry, Ghodsi Daneshbod-Skibba, Donna Vierling, Elizabeth Garcia, Elinor Christiansen, Angeline Heaton, Elizabeth Kraft, Barbara Thulin, Kathleen Kuhn, Cynthia Rose, and Beatriz Silveira.

An Employees Pool is now being created for all physicians. Please contact Carolyn Hastings at the Medical Society Offices, 779-5455 or 1-800-654-5653 if,

a) you have a valued employee who would like to relocate to a different part

of Colorado or is interested in a change in working hours, i.e. (part time to full time or vice versa)

b) if you need an employee for your medical office.

This pool may not be accessed by employees.

The Third Annual Workshop sponsored by the Section on Women in Medicine entitled, "HOW TO BE INFLUENTIAL — in 2.7 Minutes Per Day" will be held on Thursday, October 20, 1988 from 1:00 to 5:00 P.M. at the Medical Society Offices, 6061 S. Willow Drive, Englewood. Ample parking is available and babysitting service will be provided. Our Keynote Speaker will be Martha Ezzard. Please watch your mail for our brochure which will contain the entire program and a map to the Medical Society Offices. C/M

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FROM THE COLORADO DEPARTMENT OF HEALTH

In the April 15, 1988 issue of Colorado Medicine, we announced that Governor Roy Romer had appointed a state Task Force on Prenatal, Labor and Delivery Care. The task force was charged by the Governor to investigate the nature, causes and extent of prenatal, labor and delivery care problems in Colorado; to examine care in other states and countries to determine which programs have been most successful and cost-effective; and to make recommendations regarding new programs and changes in existing programs to assure universal, high quality and cost-effective prenatal, labor and delivery care in Colorado. Colorado Medical Society was represented on the task force by Roger Bermingham, M.D., of Fort Collins.

The task force deliberated through this past summer and delivered its recommendations to the Governor on, appropriately, "Labor Day"! The recommendations addressed fifteen problem areas. They are summarized below:

1. A statewide plan for the care of pregnant women should be developed which assures that appropriate services are available or can be accessed from any geographic area and from any referral point.
2. The prenatal, labor and delivery system must be community based; that is, developed by the community itself in a

way which meets its needs and fits within its overall structure.

3. A Certified Nurse Midwife program, such as the Longmont, Colorado program, could be recommended to other Colorado communities where appropriate to the regional system.

4. The University of Colorado Health Sciences Center and the various Family Practice and Obstetrical residency programs should play a much more major role in addressing the statewide problem of prenatal, labor and delivery care. The fewer the local resources, the greater the role for the Health Sciences Center and the residency programs.

5. The public sector must expand its role in assuring appropriate prenatal, labor and delivery services throughout Colorado. While private sector response is crucial, neither sector alone can provide the complete answer.

"The Public Sector must expand its role...While Private Sector response is crucial, neither sector alone can provide the complete answer."

6. The Medical Practice Act should be amended to allow at least rural health care providers (such as hospitals) to hire physicians. Such employment should guarantee salary and reduce malpractice premiums since physicians could be covered under the hospital liability policy.

7. All Colorado women should have access to a full range of coordinated prenatal, labor and delivery services. The

specific services provided should be tailored for each woman based on her degree of risk and her specific needs, and should be appropriate and cost-effective.

8. Case management services should be readily accessible to all Colorado pregnant women. Case management is a key component to a regionalized system of cost efficient prenatal, labor and delivery care.

9. Outreach services should be provided in areas where substantial numbers of women do not obtain prenatal care in the first trimester of pregnancy.

10. The lack of transportation and/or child care are barriers to obtaining needed prenatal care for some women.

11. The state should develop a multimedia educational program addressing the importance of early and complete prenatal care.

12. Medicaid eligibility should be expanded to 150% of poverty in 1989 and to 185% of poverty in 1990 for Colorado's pregnant women.

13. In addition to expanding the Medicaid eligibility levels for Colorado's pregnant women and infants, various other reforms need to take place, including changes in provider reimbursement, recruitment and liability.

14. The state should develop a subsidized prenatal, labor and delivery insurance plan for uninsured low income women who are not eligible for Medicaid.

15. Private health insurance should be more accessible, particularly for persons employed by small businesses.

The full text of the recommendations is available from the Department by calling 331-8433.

C/M

OCTOBER IS AIDS AWARENESS MONTH

October has been declared AIDS awareness month, and the AIDS Coalition for Education (ACE), made up of a variety of private and public health agencies and others interested in stopping the spread of AIDS, is working to get the word out. The group saw Colorado AIDS Awareness Month '88 kicked off on October 4 in the signing of a joint proclamation by Colorado Governor Roy Romer and Denver Mayor Federico Peña.

The theme of this year's campaign is "Explore Your Risks" for AIDS. ACE has published two brochures which might be of interest. The first is targeted toward the campaign theme and features a 9 point risk assessment, among other items. The second is entitled "AIDS: Why Should I Take The AIDS Virus (HIV) Antibody Test?." Information is available from the AIDS Prevention Program of the Denver Department of Public Health at (303) 893-6300, The Colorado Department of Health, (303) 331-8320, or The Colorado AIDS Project (303) 837-0166 or 1-800-333-AIDS.

FIND OUT HOW THEY VOTED!

You may obtain a copy of the 1988 voting records of Colorado state legislators by writing the CMS Government Affairs Division, PO Box 17550, Denver, CO 80217-0550. You owe it to yourself and your patients to cast an informed **vote on November 8.**



COLORADO MEDICAL SOCIETY BENEFITS

Colorado Medical Society Sponsored Insurance

COPIC Insurance Company is the sponsored insurance carrier for members of the **Colorado Medical Society**. COPIC is the major carrier of Professional Liability coverage for physicians of Colorado, and is operated on a non-for-profit basis. As a physician controlled Insurance Company, COPIC will respond to the special insurance needs of Colorado physicians. Some of the innovative advantages COPIC offers include: **Safety Group Rates** are provided for qualified members of the Colorado Medical Society; **New physician premium reductions** for first and second year (new) in practice; **Preferred Risk Premium Plan (PRPP)**; **Part-time practice coverage**; and **intern/resident programs**. COPIC Insurance Company has on staff **Risk Management** leaders who work with physicians and office staff to assist in minimizing the potential for malpractice incidents. Risk Management Seminars are held in every locale of the State for both physicians and office staff.

In response to the other insurance needs of COPIC physicians, **COPIC Agency** was created, then expanded. The COPIC Agency is offering to physicians the ultimate in insurance services and products. Coverages are being provided by "Best" rated companies. COPIC Agency is endorsed by the **Colorado Medical Society** and is able to provide all lines of coverage with major insurance carriers to meet the insurance needs of physicians, family members and staff.

Group Health Benefits, optional deductibles, and dental insurance can be provided by COPIC Agency. Other insurances available are: **Life, health, Accident, Disability, Office Package, Homeowners, Auto, Bonds.**

COPIC INSURANCE COMPANY, COPIC AGENCY, ENDORSED BY COLORADO MEDICAL SOCIETY ARE WORKING TOGETHER TO ENSURE A PROFITABLE AND SAFER TOMORROW.

CALL: in the metro area **779-0044**, outside the metro area, within Colorado use our toll free number **1-800-421-1834.**

COCHEM'S TRUST FUND

The Cochem's Trust Fund was created to assist Colorado Medical Society physicians in need of financial assistance. Monies are given only to the physicians (not to his family or estate) and the request must be accompanied by two supporting letters from physicians briefly explaining the nominated physician's background and the circumstance(s) or reason(s) that he/she should receive financial support from the Trust.

If you are aware of a physician in financial need and who meets the criteria listed below, please call the CMS office. The criteria are that the physician:

- 1) Must be a member of the Colorado Medical Society
- 2) Must be a medical doctor licensed by the State of Colorado
- 3) Must be a resident of the state of Colorado for at least ten years

SUMMARY: COLORADO PUBLIC OPINION ON CRITICAL CARE ISSUES

"Colorado Speaks Out on Health" is a project of the University of Colorado at Denver's Graduate School of Public Affairs. They have recently completed a public opinion survey on critical care issues in Colorado. After contacting more than 400 citizen groups and 30,000 Coloradans over a two-year period, the Project compiled the results of 10,545 completed written surveys. While they do not give this survey full scientific statistical credence, project sponsors indicate that the results are indicative of what the population of Colorado believes about these vital issues.

Those respondents and the general population they represent are your patients. Their beliefs concerning these health care issues could drastically affect your physician-patient relationship with them. Read the following results. Consider your own beliefs, how you would answer these same questions. Determine whether you agree or disagree with the opinions reflected in the surveys. Then plan now what actions you should take and how you should respond, before a difficult situation arises. Decide how to relate to patients who may very likely hold these views. Consider what activity you must undertake, in good conscience, to change the opinions you consider wrong, not only in the minds of your patients, family and friends, but in society at large. Think of these results as a tool, something you can use to make a difference in the lives of the citizens of Colorado and in your own community.

CRITICAL CARE COSTS

- 76 percent support mandatory health insurance through employers.
- 80 percent agree that a hospital which provides critical care should not be al-

lowed to refuse treatment to a patient on the basis of ability to pay.

- 72 percent believe public funds from taxes should be made available to cover the cost of health care if a hospital becomes overwhelmed with patients who cannot pay.

- 73 percent believe that some lifesaving medical treatments are so ordinary, usual and basic that they should be provided by tax support to everyone. 63 percent believe that costly, unusual and extraordinary lifesaving treatments should not be withheld from those people who cannot pay.

- 48 percent believe that taxes should be raised to provide critical care to those unable to pay. 33 percent believe that taxes shouldn't be raised for that purpose.

QUALITY OF LIFE

- 81 percent want "expected quality of life" to be a consideration when deciding whether someone should be treated with critical care technology.

- 62 percent prefer death to being permanently placed on a respirator.

PATIENT RIGHTS

- 185 percent would not want to have their life maintained with artificial feedings if they became permanently unconscious and couldn't eat normally.

- 83 percent believe that it is the duty of a physician to follow the wishes of a patient, even if he or she disagrees with the patient.

- 77 percent would not desire any attempt to revive them if they were terminally ill and had cardiac arrest.

DECISION MAKING FOR HANDICAPPED NEWBORNS

- 67 percent would not want doctors to do everything possible to treat a handicapped newborn. 21 percent disagreed.

- 86 percent would want to refuse treatment for a newborn infant if he or she was likely to survive with severe handicaps.

ORGAN DONATION AND TRANSPLANTS

- 63 percent believe that age is an important consideration in determining who should receive an organ transplant.

LIVING WILLS AND DURABLE POWER OF ATTORNEY

- 93 percent are familiar with, but only 15.6 percent have a Living Will. (This written document directs the withholding or withdrawing of life-sustaining procedures if an individual develops a terminal or irreversible condition, losing decision-making capability.)

- 38 percent are aware of a Durable Power of Attorney. 7 percent have actually directed another person to make health care decisions for patients who are incapable of making decisions *C/M.*

TEST YOURSELF

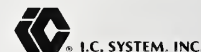


Is it desire, not ability to pay, that motivates a debtor?



YES Mere ability to pay has little to do with a debtor's decision to satisfy his or her obligation to you. A debtor generally has creditors strung out in a long line waiting to be paid and you happen to be one of them. If you want to be paid first, if at all, enough persistent pressure must be applied so that, whenever the money is available, the debtor will have a desire to pay you first.

TEST YOURSELF is one of a series provided by I.C. System, the company offering the collection program approved for use by our membership.





Mile High News

Jan Baron, Editor

1988-1989 Vol. 2, Issue 1

Colorado Medical Society Auxiliary

October, 1988

A MESSAGE FROM THE PRESIDENT



Sharon Cunningham,
President, 1988-1989

I have been sitting at the computer staring at the screen for ten minutes with several fruitless attempts to begin. Procrastination has taken place because there is so much to say. Now the deadline is here so somehow I must find a way to sift through my thoughts and put them in writing.

First of all, I feel privileged to be the CMSA President, and I will take this responsibility seriously. The past eighteen months' experience as president-elect and Roberta's patient teaching, understanding, and friendship have been invaluable preparation. The game plan for 1988-89 is set and the committees are putting their plays into action. We will keep in mind the strategies that worked in the past and be willing to create new ones. I will keep Roberta's "Colorado Continuum" rolling by working closely with President-Elect Catherine Yoder.

I wish you all could have been present for the Reference Committees and the House of Delegates at the CMSA Annual Meeting in September. It was a wonderful success thanks to the diligence and attention to detail by Roberta Sadler and Catherine Yoder in the planning process and because of the thoughtful contributions of the delegates. The decisions made at the House of Delegates will add to the growth of the auxiliary at all levels. Please read the results of the resolutions in this newsletter.

My theme this year has to do with a "Winning Team" as you may have guessed by the references to team work, plays, and game plans. It is a positive theme because with team work at all three levels of the Federation, with our medical societies, and with each other as auxiliaries, we will put ourselves in the "Winners Circle."

Picture it this way. As Auxiliary members, we are part of a team. The playing field is the medical profession. This field is being eroded away by a changing environment brought about by such conditions as increased federal regulations, changing reimbursement policies, increases in malpractice lawsuits, and huge increases in liability premiums. Organized medicine is the most effective tool to put the field of medicine into proper playing shape. It is the medical profession and those related to it, not outside forces, that should be determining the game plan.

You may ask yourself, why do we as auxiliaries care? For starters we need to be the social groups we are often accused of being. This is where it all begins—a support group, who can comprehend who we are and can share the problems and the joys of being a physician's spouse. A good support group of friends who love and understand each other is the foundation for a "Winning Team."

Membership is important. We need to keep in mind that there is strength in numbers. There is much that needs to be done to get the playing field back into shape. We need to invite all physician spouses to become members of an active support group involved in the good health of our communities and assisting medical societies in the areas they need our assistance and expertise.

Where are we needed and what can we do? **LEGISLATION** is a large arena for our involvement. It is a nasty thought for some, but we cannot allow the future of medicine and the quality of medical care to be determined by legislators who have little understanding of all that is involved. With the dramatic increases in health related legislation it is more important than ever for physicians and spouses to "participate in government." CMSA encourages auxiliaries to vote, to join COMPAC, to become key contacts, to develop the Mini Internship Program, and to come to Legislative Day on February 13.

Legislation maybe a part of the game where we need lots of practice, but let me tell you, the area of **HEALTH PROJECTS** is where we perform at our best. This is the phase of the game we enjoy the most, and it is where we reach the public with the message that "we care about your good health." It translates into good, inexpensive P.R. for the medical profession. County auxiliaries need to continue to go into schools teaching children good health habits, to develop more programs to fight substance abuse, teen pregnancy, suicide, child abuse, to help senior citizens with the problems of aging, to keep the public informed of the correct information an AIDS just to mention a few of the areas of concern.

If I have learned anything at all this year it is that the most valuable players who can carry out the game plans are the members of the county auxiliaries. Without them, the Federation does not exist. The last message that I would like to leave with you is that medical auxiliaries across the state are alive and well. They are not a dying breed. I have had county presidents tell me that their auxiliary members just want to be social. That's OKAY as they are a support group for each other. One auxiliary mentioned that only six came to their meeting. That's OKAY as it means that those six were the interested ones gaining and contributing. Their message will spread. Several auxiliaries tell of working in coalition with their hospital auxiliary. Coalitions are the coming thing in areas where manpower and funds are at a premium. The accomplishments of Colorado auxiliaries both large and small are placing us in the "Winners's Circle." We will be in the position to direct the changing environment of medicine so that it will benefit the patient, the physician and the physician's families.

COLORADO MEDICAL SOCIETY AUXILIARY PLANS BENEFIT FOR HALL OF LIFE

Dr. Robert S. Eliot, one of the nation's leading authorities on stress management, will headline the Colorado Medical Society Auxiliary's November 14, 1988 benefit for the Hall of Life Health Education Center. The evening program will begin at 5:30 P.M. at the Hall of Life in the Denver Museum of Natural History in City Park.

Author of the popular book *Is It Worth Dying For?*, Dr. Eliot directs the Cardiovascular Institute at Swedish Medical Center. His interest in stress and its effect on health results from nearly two decades of study, research and the care of patients who come to him from around the world.

In addition to the nearly 300 articles and seven books he has published, Dr. Eliot has been featured in *The New York Times*, *Time Magazine*, "Good Morning America," "20/20" and the "MacNeil-Lehrer Report."

The Monday, November 14th program will include a cocktail hour, interactive Hall of Life mini-classes, and dinner followed by Dr. Eliot's presentation in the Museum's IMAX Theater.

Proceeds from the event will benefit the Hall of Life, which presents hands-on health education classes on how the body works and healthy lifestyles for preschool through high school age students. Over 95,000 children will learn from the Hall of Life's participatory classes this year. Chairman for the evening is Sonnie Talley. Her committee includes: Patti Brown, Sherry Cox, Lynne Cundy, Sharon Cunningham, Nancy DeLauro, Nellie Mae Duman, Electra Falliers, Sharon Ferlic, Maria Gillespie, Jan Good, Ali Harwood, Bunkie Inkret, Patty Mack, Barb O'Brien, Nancy Price, Vivian Sabel, Roberta Sadler, Linda Sheehan, and Judi Warkentin.

For more information about the Colorado Medical Society Auxiliary benefit, please call 333-LIFE.

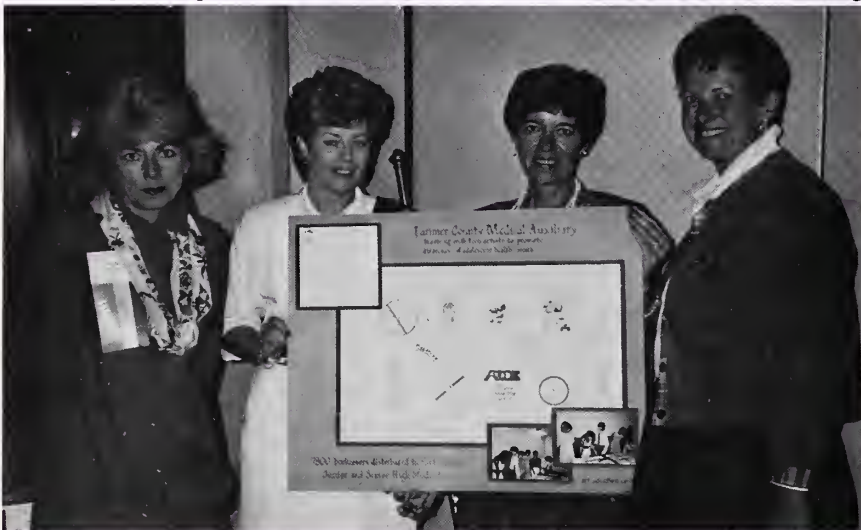


New President, Diane Glisman receiving the gavel of office from out-going President, Eleanor Campbell.

Clear Creek Auxiliary began its year with a fall membership coffee hosted by Ginny Adler. Plans are being made for a HOLIDAY BOUTIQUE, the proceeds from which will go to Auxiliary philanthropies and scholarships. We wish to invite Auxilians from every county to the Preview Party for the Boutique to be held from 6-9 P.M. on Thursday, October 27, at Jefferson Unitarian Church, 14350 W. 32nd Avenue, Golden, Colorado. Wine and horsd'oeuvres will be served. Admission is \$5.00 donation per person and reservation can be made by check to: Sharon Ritzman, 14990 Foothill Road, Golden, Colorado, 80401. The Boutique will be open to the public on Friday, October 28, from 10:00 A.M. to 6:00 P.M., and Saturday, October 29, from 9:00 A.M. to 4:00 P.M. Many new artisans will be added this fall with different and interesting items. Please come and bring your friends! This is holiday shopping at its finest.

POSTER CONTEST WINNER!

The Larimer County Medical Society Auxiliary won the poster contest with a poster about their book cover project. Over seven thousand book covers were distributed to junior and senior high school students in the Poudre R-1 school district. The cover design incorporated the art work of ten student artists on the issues of drug abuse, alcohol abuse, smoking, smoke-



l to r, Linda Harvey, Bev Shachtman, Carole Kaiser, Patty O'Neill

less tobacco, AIDS, teen pregnancy, teen suicide and child abuse.

The Larimer County Medical Society Auxiliary sponsored the project in cooperation with the Poudre R-I art teachers and students as one of their major projects for the year. The purpose of the project was to increase student awareness of health issues that affect their futures. Co-chairmen of the project were Bev Shachtman, Patty Grant and Cheri Sayers.

With the \$10.00 Larimer received from the CMSA poster contest the Auxiliary intends to run an ad in their local newspaper thanking all community members for their participation on the project.

ELECTION '88 - IT'S EFFECT ON YOU!

Thanks to the efforts of Gary VanderArk, M.D., President of Arapahoe Medical Society, and Ruth Timberlake, Executive Director of Arapahoe Medical Society, the members of A.M.S. and their spouse/guests were treated to a program featuring representatives from the Bush and Dukakis campaigns, and a physician from the community to speak for each candidate.

Guests from the Bush campaign were Greg Petersmeyer, Bush Colorado Campaign Chairman, and Robert Sawyer M.D., D.M.S.

Guests from the Dukakis campaign were Tom Glass, Dukakis Colorado Campaign Co-Chairman and Alan Bortz M.D., A.M.S.

Dr. Maulitz introduced each speaker who discussed their candidates' views on the issues, and then the floor was opened for questions.

The program was excellent, the representatives did a credible job of presenting their candidates and answering the very good questions offered by the physicians and other guests. It was a very pleasing experience to see a large group of physicians show their concern for the problems facing America today, including the medical issues affecting their ability to practice quality medicine, and address their views and concerns in a very professional and factual manner to these representatives of the Presidential campaigns. With luck, these representatives will convey to their candidates the readiness of every physician to help solve the problems facing their ability to practice quality medicine....to even be included in the solution finding process....what an accomplishment that would be!

Other guests were Ginger Underwood, A.M.A.A. Legislative Committee Member, and C.M.S.A. Legislative Chairwoman, Lorraine Koehn, C.M.S. Legislative Affairs, and Bill Pierson, C.M.S..

Arapahoe plans to continue its focus on the 1988 campaign by hosting an evening with the candidates from the 6th Congressional District, Marth Ezzard and a representative from the Schaeffer campaign. Thanks to the efforts of the Swedish Medical Center Staff (Jayne Howard, our own auxiliary too). If you are in the 6th district, we look forward to seeing you at the meeting. Call the A.M.S. office with your reservation, 761-2887. There is no charge. The auxiliary will provide cookies and coffee.

Health Projects is building a committee and creating project packets for counties to use if they are in need of a project. This committee will also act as a clearing house of health projects information.

The seatbelt committee has been given \$6,000.00 again this year. The committee will sponsor a grant writing contest for high schools across the state encouraging them to develop their own seatbelt project.

Long Range Planning Committee and the Bylaws Committees are studying the resolution adopted by the House of Delegates and the bylaw changes that will be voted on in the Spring of 1989.

Regional Directors are setting up regional meetings for the month of January. A CMSA traveling team will visit the regions at this time.

CALENDAR HIGHLIGHTS, 1988-89

November 1988 - Regional and County Visits by CMSA Team

November 4 - Last day for an absentee ballot.

November 8 - Election Day - Don't forget to vote!

November 14 - CMSA SPONSORED FUNDRAISER FOR THE HALL OF LIFE

5:30 - 9:00 AT THE HALL OF LIFE IN DENVER.

December 1988 - Have A Merry Christmas Break

January, 1989 - Regional and County Visits by CMSA Team

February 5-7 - AMAA Confluence II - Chicago -

The county Presidents-Elect are encouraged to attend. CMSA will pay a portion of their expenses.

February 13- CMSA Legislative Day and Board meeting

Jean Hill, AMAA President-Elect installed the CMSA 1988-89 officers at the Annual Meeting.



l to r, Jean Hill, Sharon Cunningham, President, Catherine Yoder, President-Elect, Judy Butler, Vice President, Justine Artist, Secretary, Lynn Wong, Treasurer, Pam Lamen, Treasurer-Elect.

REPORT OF THE HOUSE OF DELEGATES

Dear Colorado Auxilians,

Roberta, Sharon, and I felt our meeting at the Marriott in Denver, September 15-17, was most successful and we appreciate the fact that many of you participated.

For those unable to attend we would call attention to action taken by the House of Delegates, September 17. We also look forward to seeing you at the October 20 meeting in Colorado Springs.

RESOLUTION 1: Resolved, That the treasurer-elect of the Colorado Medical Society Auxiliary be responsible for and work with the membership chairman in preparing the current roster. **ADOPTED AS AMENDED**

RESOLUTION 2: Resolved, That CMSA Regional Directors endeavor to set up personal contact and regular visits to county auxiliary and members-at-large in each region. **ADOPTED**

RESOLUTION 3: Resolved, The Colorado Medical Society Auxiliary shall encourage county auxiliaries to work in coalition with community and state health agencies that are approved by the county medical societies. **ADOPTED AS AMENDED**

RESOLUTION 4: Resolved, That the Colorado Medical Society Auxiliary join the Colorado Medical Society in efforts to recruit medical student, resident physician and spouse membership when so provided by the bylaws. **ADOPTED AS AMENDED**

RESOLUTION 5: Resolved, That state and county auxiliaries strengthen their involvement in the legislative process by working as a team with their respective medical societies/association; and be it further Resolved, That the AMA Auxiliary encour-

age its state and county auxiliaries to continue to educate members, and promote individual communication with local, state and national lawmakers, in regard to legislation pertaining to health care. **ADOPTED**

RESOLUTION 6: Resolved, That the officers of the CMSA take office in the spring to coincide with county auxiliaries. **ADOPTED**

RESOLUTION 7: Resolved, That the CMSA Long Range Planning Committee study the structure of the constituent auxiliaries and in a mutually agreeable time for collection of state dues. **ADOPTED**

RESOLUTION 8: Resolved, That the CMSA Finance Committee consider two mailings to the entire membership encouraging attendance to the Spring and Fall General Meetings. **REJECTED**

RESOLUTION 9: Resolved, That the roster be published in the former style and size. **ADOPTED**

RESOLUTION 10: Resolved, That the Denver Medical Society Auxiliary recommend that the House of Delegates be dismissed and not established in the bylaws. (per note no action was taken at this meeting for action shall be taken at the 1989 Spring General Meeting as provided in the provisional bylaws. The majority at Reference Committee C spoke in favor of the House of Delegates)

RESOLUTION 11: Resolved, That the CMSA take steps to insure that these CMSA members (who are not receiving publications and notices of the organization) receive all notifications and publications to which they are entitled. **ADOPTED**

Catherine Yoder, Coordinator of 1988 House of Delegates

LEGISLATION NEWS

Legislation certainly is news in this major election year! To participate in the election process, everyone needs to be aware of the election calendar.

Election Calendar

October 14 Last day to register

November 4 Last day for an absentee ballot

November 8 Election Day

Registration will take place at branch registration locations (i.e. King Soopers) from September 19 - October 14.

Absentee Ballots can be obtained by contacting the County Clerk or County Election Commission by October 24. These offices also have registration information.

Election Day polling information is on each registration card.

Candidate information can be received from the local medical societies and Colorado Medical Society which publishes a 1988 Voting Record and COMPAC contribution list.

COMPAC - The Colorado Medical Political Action Committee is a voluntary, non-partisan committee formed to provide monetary support to state legislative candidates. Auxiliary

members may join for \$40.00. Send contributions to: COMPAC, P.O. Box 17550, Denver, CO. 80217-0550.

The State Auxiliary legislative activities will continue to include Legislative Day on February 13, Mini-Internship Program, AMAA Phone Bank, COMPAC, Participation '88 and Capitol visitation. Watch for more information about these and additional activities in the Mile High News and Clear Creek Newsletter.

Ginger Underwood, CMSA Legislation Chairman

ADDRESS CHANGE?

Please contact Karen Genrich with all changes of address and telephone number 6810 Cedar Ct., Colorado Springs, CO 80919 Telephone 719-599-0257

DO YOU KNOW OF SOMEONE WHO IS NOT RECEIVING THE COLORADO MEDICINE MAGAZINE?

Please contact Diane LeHew at the C.M.S. office. She will correct the error. Telephone is 1-800-654-5653 or 779-5455

PROCEEDINGS OF THE 118th ANNUAL MEETING COLORADO MEDICAL SOCIETY HOUSE OF DELEGATES

**SEPTEMBER 15-17, 1988
Denver Marriott Hotel-City Center**

REFERENCE COMMITTEE ON BOARD OF DIRECTORS/EXECUTIVE OFFICE

Adopted a resolution that CMS assist its components with membership recruitment and retention and study how various segments can best be represented in organized medicine.

Adopted a resolution that the CMS adopt strategic planning guidelines. If you would like copies, please contact the CMS offices.

Referred a resolution to the Board that the Board of Directors develop a plan of action to be reported back to the next Interim Session of the House of Delegates addressing a data bank for health care plans.

Adopted a resolution that resolves that the Finance Committee prepare a formal financial report to be presented to the Reference Committee on Board of Directors/Executive Office at each Interim and Annual Meeting.

Adopted Progress Report - BOD Attachment 5, 1988-89 Budget

Approved for filing:

Progress Report-Board of Directors, Attachments 1,2,3,4,6

Progress Report-Grievance Committee

Progress Report-Judicial Council

Progress Report-AMA Delegation

Progress Report-Executive Director

Progress Report-Resident Physician Section

Progress Report-Women in Medicine

Progress Report-Young Physician Section

REFERENCE COMMITTEE ON LEGISLATION

Adopted a resolution that the CMS shall through its leadership and lobbyists work to amend House Bill 1340, Section 3, 12-37-117, (x) Unprofessional conduct, as follows: "Prescribing, distributing, or giving federal DEA Schedule II substance to a family member or to oneself except on an emergency basis".

Adopted a resolution that CMS enter into a coalition to develop and support a proposal other than the triplicate prescription system to reduce the abuse potential of Schedule II substances.

Referred to Board of Directors a resolution that CMS support legislation to allow the dispersal of test interpretations or treatment recommendations by individuals staffing health-oriented kiosks only under the direct supervision of an appropriate licensed health care professional.

Adopted a resolution that a task force be established to study a possible restructuring of COMPAC.

Approved for filing:

Progress Report-Council on Legislation

Progress Report-COMPAC

continued on following page

REFERENCE COMMITTEE ON PROFESSIONAL RELATIONS AND MEDICAL SERVICE/PROFESSIONAL EDUCATION

Adopted a resolution that CMS actively participate with private and public agencies in the development of plans to improve the supply of professional nurses in Colorado.

Adopted a resolution that the CMS endorse efforts to require mandatory quality physical education programs for all students in grades K-12.

Adopted a resolution that CMS assist in the development of a project introducing scientist "ambassadors" into classrooms for the purpose of student enlightenment with the intention of stimulating interest toward careers in the natural sciences.

Adopted a resolution that the CMS recommends that all third party health plans solicit bids for any applicable services from the physician community along with other appropriate providers.

Adopted a resolution that CMS have the Council on Physician/Patient Advocacy review the issue of case management and develop suggested guidelines to insure the safety and well-being of the patient. And further resolved that physician case management time should be considered appropriate activity worthy of reimbursement as for other professional services.

Approved for filing:

Progress Report-Council on PRMS

Progress Report-Council on Professional Ed

Progress Report-CMS ERF

Progress Report-Mini-Internship Program

REFERENCE COMMITTEE ON SOCIO-ECONOMICS/COMMUNITY HEALTH ISSUES

Referred to Council on Legislation a resolution that the CMS work towards expansion of the Colorado Governmental Immunity Act to cover all state licensed physicians while engaged in the care of the indigent patient.

Adopted a resolution that the CMS adopt a policy against free distribution of tobacco products as a promotional tool and that CMS support legislation prohibiting the sale and distribution of tobacco products by these means.

Adopted as amended a resolution that the CMS address the problem of access to medical care for the medically indigent by working with organizations to develop a state-sponsored loan and/or scholarship program for medical students and housestaff physicians who will, upon receipt of this financial assistance, assume an obligation to provide medical services to underserved and rural areas in Colorado.

Referred to Committee a resolution that the CMS urge Governor Romer and the State Legislature to impanel a board of experts. See RES-42.

Adopted a resolution that CMS endorses the concept of State funding to cover the full costs of Colorado-based utilization of the Rocky Mountain Poison Center and will support the Center's continued presence and effectiveness.

Adopted a resolution that the CMS House of Delegates urges the Colorado legislature to review activities of the Colorado Health Data Commission, particularly with respect to the cost impact upon Colorado hospitals relating to compliance with reg 87-3.

Adopted a resolution that CMS encourages all Residency program directors to review maternity leave policies to allow pregnant residents the same leave and benefits as designated for residents who are ill or disabled as defined in Federal law, and further resolves that the CMS encourage policies to allow Residents to return to their training program after said maternity leave without loss of eligibility to complete the program.

Approved for filing:

Progress Report-Council on Socio-Economics

Progress Report-Council on Community Health Issues

REFERENCE COMMITTEE ON PHYSICIAN/PATIENT ADVOCACY

Adopted a resolution that State Legislation be developed and supported calling for mandatory participation of physician office laboratories in a privately administered program.

Adopted a resolution that CMS work with Health Care Finance Administration and elected representatives to correct the inequitable low Medicare reimbursements to Colorado physicians.

Adopted a resolution that CMS favors the use of accountable focused peer review, (examining the variant utilization patterns of Medicare Part B providers), as the best of the currently proposed alternatives suggested to contain the growth of volume of services to Medicare beneficiaries.

Adopted a resolution that CMS develop a prototype policy manual for the physician office laboratory.

Referred to Board of Directors a resolution that in the interest of assuring physician willingness to see indigent patients in the ER, that the CMS initiate efforts to address the adjustments of malpractice premiums engendered by "on-call" participation and pursue solutions to cut the financial burden on physicians.

Referred to the Committee on Senior Health Issues a resolution that the CMS encourage development for appropriate assessment of the medical and functional needs of the frail elderly prior to their placement within the long term care facility.

Referred to the Council of Physician/Patient Advocacy a resolution that the CMS seek reimbursement for annual physical exam of institutionalized frail elderly in the location of the physician's choice to encourage the development of a useful health data base to facilitate appropriate placement.

Adopted the resolution that the CMS appropriate funds and staff support to assemble case material to document inappropriate denials of reimbursement for reasons of "lack of medical necessity" and further resolved the the initial objective should be to educate member physicians to include but not be limited to a comprehensive written list of national and local criteria used by Medicare for the denial of alleged inappropriate medical care.

Approved for filing:

Progress Report-Medicare Advisory Committee

Progress Report-Peer Review Oversight Committee

REFERENCE COMMITTEE ON CONSTITUTION/BYLAWS/CREDENTIALS

Adopted a resolution that resolves the change in CMS Constitution and Bylaws to add the position of Secretary to the list of officers.

Adopted a resolution that the CMS Bylaws be amended such that every place the words "Judicial Council" now appear would be changed to read "Council on Ethical and Judicial Affairs."

Adopted a resolution that resolves that the CMS change the Bylaws to consolidate the Council on Socio-Economics and the Council on Professional Relations and Medical Service to form a new council entitled the Council on Medical Service.

Adopted a resolution that there will be section representation on the Board of Directors.

Adopted as amended a resolution that resolves that a change in CMS Bylaws regarding local and direct membership be amended as follows: Local Membership. Any component which authorizes local members in its Bylaws may accept any physician who qualifies for membership, as a local member who will belong to the component society only and not be a member of CMS.

Approved for filing:

Progress Report-Organizational Study Committee

DELEGATE ATTENDANCE - 1988 ANNUAL MEETING

DISTRICT I - 5 DELEGATES

EASTERN COLORADO - 1 DELEGATE

None Present

MORGAN - 1 DELEGATE

(D)Thompson, Patrick (1-2)

NORTHEAST COLORADO - 2 DELEGATES

(D)Lopez, Edward M. (2)
(D)Stahl, Larry (1-2)

WASHINGTON-YUMA - 1 DELEGATE

None Present

DISTRICT II - 6 DELEGATES

INTERMOUNTAIN - 1 DELEGATE

(D)Yarberry, Steven A. (2)

LAKE - 1 DELEGATE

None Present

MOUNT EVANS - 1 DELEGATE

None Present

MOUNT SOPRIS - 2 DELEGATES

(D)Kirk, Rodney (1-2)

NORTHWESTERN COLORADO - 1 DELEGATE

None Present

DISTRICT III - 10 DELEGATES

CHAFFEE - 1 DELEGATE

None Present

FREMONT - 2 DELEGATES

(D)Mohr, Gary A. (2)
(D)Gamache, Peter (1-2)

HUERFANO - 1 DELEGATE

None Present

LAS ANIMAS - 1 DELEGATE

(D)McFarland, Douglas M. (1-2)

OTERO - 2 DELEGATES

(D)Holm, William A. (2)

SAN LUIS VALLEY - 2 DELEGATES

(D)MacLeod, William (2)
(D)Culp, Raymond (2)

SOUTHEASTERN COLORADO - 1 DELEGATE

(D)Benton, Donald F. (2)

DISTRICT IV - 7 DELEGATES

CURECANTI - 2 DELEGATES

(D)Canfield, Thomas M. (1-2)

DELTA - 1 DELEGATE

None Present

LA PLATA - 3 DELEGATES

(D)Davidson, Marie (1-2)
(D)Gerstenberger, Patrick (1-2)

MONTEZUMA - 1 DELEGATE

*(A) Howe, Gerald E. (1-2)

DISTRICT V - 16 DELEGATES

ARAPAHOE - 16 DELEGATES

(A)Carver, Robert K. (1-2)
(D)Lovejoy, Brent V. (1-2)
(A)McDonald, Keith M. (1-2)
(A)Moffatt, Thomas W., Jr. (2)
(D)VanderArk, Gary D. (1-2)
(D)Wood, John M. (1-2)
(D)Bartlett, Max D. (1-2)
(D)Brookens, Bruce R. (2)
(D)Kruse, Robert L. (1-2)
(D)Levine, Mark A. (1-2)
(A)Knize, David M. (1-2)
(D)Price, Jerry G. (2)
(D)Roberts, John F. (1-2)
(A)Stecher, Karl, Jr. (1-2)
(D)Truitt, Leigh (1-2)

DISTRICT VI - 10 DELEGATES

AURORA-ADAMS- 10 DELEGATES

(D)Visconti, Paul B. (1-2)
*(A) Capin, Leslie (1-2)
(D)O'Dell, Robert A. (1-2)
(D)Rokicki, Robert (1-2)
(D)Tyburczy, Joseph A. (1-2)
(D)Gibbons, Ralph W. (1-2)
(A)Heaton, Angeline D. (1-2)
*(A) King, Otis J., Jr. (2)

DISTRICT VII - 11 DELEGATES

BOULDER - 11 DELEGATES

(D)Benson, Alan (1-2)
(A)Schilling, Donald (1-2)
(D)Farrington, John (1-2)
(D)Glode, John E. (2)
(A)Rupp, Gerald (2)
(D)Rubright, Mark W. (1-2)
(D)Wilson, Don E. (2)
(D)Bolles, Gene E. (1-2)
(D)Curtis, Williams S. (1-2)
(A)Smith, Darwin (1-2)
(D)Kelley, Severance B. (1-2)

DISTRICT VIII - 17 DELEGATES**CLEAR CREEK VALLEY - 17 DELEGATES**

(D)Daneshbod-Skibba, Ghodsi	(1-2)
(D)Glismann, John D.	(2)
(D)Golbert, Thomas M.	(1-2)
(D)Hartzler, Janet	(1-2)
(D)Karlin, Joel	
(1-2)	
(D)Mann, James	(1-2)
*(A) Langley, James W.	(1-2)
(D)Sadler, Dean	(2)
(D)Stevens, Wayne E.	(1-2)
(D)Yakely, M. Robert	(1-2)
(D)Cedars, Chester M	(1-2)
*(A) Dorr, Lugene, A	(1-2)
(D)Faraci, Robert P.	(1-2)
(D)Henbest, Philip M.	(1-2)
(D)Laubach, Sherri J.	(1-2)
(A)Domaleski, Robert	(1-2)
(D)Potts, William	(1-2)

DISTRICT IX - 39 DELEGATES**DENVER - 39 DELEGATES**

(D)Anneberg, A. Lee	(1-2)
(A)Smyth, Charley	(2)
(A)Hutchison, David E.	(2)
(D)Campbell, William A., III	(1-2)
(D)Carson, Stanley D.	(1-2)
*(A) Jacobson, Eugene D.	(1-2)
(D)Cook, William R.	(1-2)
*(A) McCartney, Robert	(1-2)
(D)Kovarik, Joseph L.	(1-2)
(D)Mitchell, Roger S.	(1)
(D)Muftic, Michael	(2)
(A)Lightburn, John L	(1-2)
(D)Peck, Mordant E	(1-2)
(A)Kail, Thomas J.	(2)
(A)Major, Francis J.	(2)
(D)Sbarbaro, John A.	(2)
(D)Sides, Leroy J.	(1-2)
(A)Safford, H. R.	(1-2)
(A)White, Louise D.C.	(1-2)
(A)Shander, David	(1-2)
(D)Woodward, W. Donald	(2)
(D)Abrams, Frederick R	(2)
(A)Cochrane, David R.	(1-2)
(D)Butterfield, L. Joseph	(2)
(D)Charles, David M.	(1-2)
*(A) Bogin, Robert M.	(1-2)
(D)Fenoglio, Michael B	(2)
(D)Karel, James L.	(1-2)
(D)Livingston, Wallace H.	(1-2)
(D)McCurdy, Robert E.	(1-2)
(A)McElfatrick, Robert A.	(1-2)
(D)Sawyer, Robert B.	(1-2)
(D)Schemmel, Janet E.	(1-2)

DISTRICT X - 16 DELEGATES**EL PASO - 16 DELEGATES**

(D)Cooper, Jack	(1-2)
(D)Drabing, John H	(1-2)
(D)Lewis, Ted T.	(1-2)
(D)Martz, David C.	(1-2)
(D)McClure, Scott H.	(2)
(A)Speirs, Alfred C.	(2)
(D)Poliakoff, Claude S.	(1-2)
(A)Moore, Larry A.	(1-2)
(D)Bengfort, John L.	(1-2)
(A)Lloyd, William E.	(1)
(D)Brusenhan, J. Richard	(2)
(D)Crawford, Lewis A.	(1-2)
(D)Cunningham, Leon D.	(1-2)
(D)Genrich, John R.	(2)
(D)Gifford, Marilyn J.	(1-2)
(D)Muth, John B.	(2)
(A)Zinn, Charles J.	(2)

DISTRICT XI - 9 DELEGATES**LARIMER - 9 DELEGATES**

(D)Allen, Thomas J.	(1-2)
(D)Conlon, Robert M.	(2)
(D)Hohm, Richard A.	(1-2)
(D)Kraus, G. Thomas	(1-2)
(A)Giansiracusa, Richard	(2)
(D)Danforth, James C.	(1-2)
(D)Merkel, Lawrence A.	(2)
(D)Woods, Susan E.	(1-2)

DISTRICT XII - 5 DELEGATES**MESA - 5 DELEGATES**

(D)Hanna, Robert	(1-2)
*(A) West, David M.	(1-2)
*(A) Painter, M. Ray	(2)

DISTRICT XIII - 9 DELEGATES**PUEBLO - 9 DELEGATES**

(D)Crosson, David L.	(1-2)
(D)Snyder, Charles E.	(2)
(D)Turman, William G.	(1-2)
(A)Smith, Thomas R.	(2)
(D)Bedard, Charles H.	(1-2)
(D)Birner, W. Fredric	(2)
*(A) Laman, Muryl L.	(1-2)
(A)Schultz, R.J. Black	(1-2)
(D)Osborn, Mark	(2)

DISTRICT XIV - 7 DELEGATES**WELD - 7 DELEGATES**

(D)Clark, Ronald D.	(2)
(D)Foulk, Arnold R.	(1-2)

CMS DIRECT - 7 DELEGATES

None Present

MEDICAL STAFF SECTION - 1 DELEGATE

(D)Warren, Darrell R. (1-2)

COLORADO ACADEMY OF FAMILY PHYSICIANS - 1 DELEGATE

(D)Olds, Kenneth M. (1-2)

COLORADO CHAPTER AMERICAN COLLEGE OF PHYSICIANS - 1 DELEGATE

(D)Mueller, John F. (1-2)

COLORADO SOCIETY OF INTERNAL MEDICINE - 1 DELEGATE

(D)Goldberg, Jan P. (2)

ROCKY MOUNTAIN GASTROENTROLOGIC SOCIETY - 1 DELEGATE

None Present

COLORADO ORTHOPAEDIC SOCIETY - 1 DELEGATE

(D)Clletcher, John O., Jr. (1-2)

COLORADO SOCIETY OF ANESTHESIOLOGISTS - 1 DELEGATE

(D)Ballinger, Carter M. (1-2)

COLORADO CHAPTER AMERICAN COLLEGE OF SURGEONS - 1 DELEGATE

None Present

COLORADO SOCIETY OF EMERGENCY MEDICINE - 1 DELEGATE

None Present

COLORADO RESIDENT PHYSICIAN SECTION - 1 DELEGATE

None Present

COLORADO GYNECOLOGICAL AND OBSTETRICAL SOCIETY - 1 DELEGATE

(D)Kopelman, J. Joshua (1-2)

COLORADO YOUNG PHYSICIAN SECTION - 1 DELEGATE

(A)Regan, James R. (1-2)

COLORADO MEDICAL STUDENT SECTION - 1 DELEGATE

None Present

COLORADO OPHTHALMOLOGICAL SOCIETY - 1 DELEGATE

None Present

COLORADO PSYCHIATRIC SOCIETY - 1 DELEGATE

(D)Lauer, James W. (1-2)

WOMEN IN MEDICINE SECTION - 1 DELEGATE

(D)Thulin, Barbara (1)

(A)Vierling, Donna M. (2)

COLORADO CHILD & ADOLESCENT PSYCHIATRY SOCIETY

*(A) Clark, Lee W. (2)

COLORADO NEUROSURGICAL SOCIETY

(D)Oggsbury, James S. (2)

COLORADO OTOLARYNGOLOGY & MAXILLOFACIAL SOCIETY

None Present

COLORADO DERMATOLOGIC SOCIETY

(D)Reed, Barbara (1-2)

ROCKY MOUNTAIN ACADEMY OF OCCUPATIONAL MEDICINE

(D)Evans, William T. (1-2)

COLORADO SOCIETY OF CLINICAL PATHOLOGISTS

(D)Stienmier, Richard H. (1-2)

(D)Elected Accredited Delegates

(A)Elected Accredited Alternates

*(A)Substitute Accredited Alternates

AWARDS

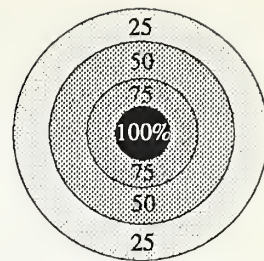
The prestigious 1988 A.H. Robins Award for outstanding community service on the part of a Colorado physician went to **Charles H. Bedard, MD** of Pueblo. Dr. Bedard is a member of the Pueblo County Medical Society, of which he was President in 1985-1986, and has belonged to the Colorado Medical Society for 17 years. He specializes in Otorhinolaryngology, Head and Neck Surgery, Maxillofacial Surgery and Facial Plastic Surgery.

The 1988 Colorado Medical Society Certificate of Service was awarded to **Robert D. McCartney, MD**, an Internal Medicine Specialist from Denver.

Theodore R. Sadler Jr., MD received a Certificate of Service in recognition of his contribution as 1987-1988 President of the Colorado Medical Society.

participation '88

Targeting 100% Voter Involvement



Not only are health care issues among the hot topics in this Presidential election year, but the involved physician is a more effective physician. For these reasons and more, we urge you to get to know your legislators at all levels and campaign and vote for the candidates of your choice. Because this direct involvement can often be more effective on a local level than national, we have compiled a list of your state legislative races for your use. Please look up your candidates and make sure they know your views on the issues that may confront the legislature this year. In this process you may determine what views the candidate has and learn who to support on November 8.

STATE SENATE RACES

There are 35 state senate seats. Senators run for 4 year terms and 19 senators must run for re-election in 1988; 7 of these have no opposition in the general election. The are: Ray Powers (R), El Paso county, Tom Norton (R), Weld County, Al Meiklejohn (R), Jefferson County, Bonnie Allison (R), Jefferson County, Terry Considine (R), Arapahoe County, Jack Fenlon (R), Arapahoe County, Regis Groff (D), Adams & Denver counties.

CONTESTED SENATE RACES

Dist 4 - Custer, Fremont, Lake, Park, and Pueblo Counties

Richard Hamilton (D)
Harold McCormick (R)*
(Incumbent)

Dist 8 - Garfield, Grand, Jackson, Larimer, Moffat, Rio Blanco & Routt Counties

Mike Bestor (D)
Dave Wattenberg (R)*
(Incumbent)

Dist 12 - El Paso & Teller Counties

Paul Shepard, Jr (D)
Mary Anne Tebedo (R)*

Dist 14 - Larimer County

Bob Schaffer (R)*
(Democrat challenger to be appointed)

Dist 17 - Boulder County

Margaret Markey (D)
Sandy Hume (R)*

Dist 18 - Boulder County

Jana Mendez (D)
(Incumbent)

Robert Wells (R)

Dist 23 - Adams, Denver Counties

Lloyd Casey (D)
Ted Strickland (R)*
(Incumbent)

Dist 25 - Adams, Denver Counties

Bob Martinez (D)
(Incumbent)

Beth Gallegos (R)*

Dist 27 - Arapahoe County

Eric Boyer (D)
Bill Owens (R)*

Dist 31 - Denver County

Donald Sandoval (D)
(Incumbent)

Christine Valdez (R)

Dist 34 - Arapahoe, Denver

Pat Pascoe (D)
Bill Griffith (R)*

Dist 35 - Arapahoe, Denver

Clarence Brown (D)
Dottie Wham (R)*
(Incumbent)

STATE HOUSE OF REPRESENTATIVES CANDIDATES

Dist 1 - Denver & Jefferson Counties

Daniel P. Powell (D)
Jeanne Faatz (R)

Dist 2 - Denver County

Tony Hernandez (D)
No Opponent

Dist 3 - Denver County

Wayne N. Knox (D)
(Incumbent)

Lawrence J. Depenbusch (R)

Dist 4 - Denver County

Donald J. Mares (D)*
John William Orr (R)

Dist 5 - Denver County

Phil Hernandez (D)

No Opponent

Dist 6 - Denver County

Jerry Kopel (D)
(Incumbent)

"PS" Freberg (R)

Dist 7 - Adams & Denver Counties

Gloria G. Tanner (D)*
(Incumbent)

No Opponent

Dist 8 - Denver County

Wilma J. Webb (D)
(Incumbent)

No Opposition

Dist 9 - Arapahoe & Denver Counties

Bill Rhodes (D)
Pat Grant (R)*
(Incumbent)

Dist 10 - Arapahoe & Denver

Counties
Arthur P. Varga (D)
Betty Neale (R)*
(Incumbent)

Dist 11 - Arapahoe & Denver Counties

Ann Duckett (D)
Jeff Shoemaker (R)*
(Incumbent)

Dist 12 - Boulder County

"Ardie" Amdador (D)
Betty Swenson (R)*
(Incumbent)

Dist 13 - Boulder County

Ken Fucik (D)

Stan Johnson (R)*

Dist 14 - Boulder County

Dorothy Rupert (D)
John Hall (R)

Dist 15 - Boulder County

Ruth Wright (D)
(Incumbent)

Dist 16 - El Paso County

Jerry Buchholz (D)
Bill Martin (R)*

Dist 17 - El Paso County

Mark Moriand (D)
Barbara Philips (R)*
(Incumbent)

Dist 18 - El Paso County

Allison Jones (D)
Tom Ratterree (R)*
(Incumbent)

Dist 19 - El Paso County

Charron Schoenberger (D)
Mary Ellen Epps (R)*
(Incumbent)

Dist 20 - County of El Paso

Neal E. Miller (D)
Charles Duke (R)*

Dist 21 - El Paso County

Chuck Berry (R)*
(Incumbent)

Dist 22 - El Paso County

Renny Fagan (D)*
(Incumbent)

Dist 23 - Jefferson County

Lance Wright (D)
Marleen Fish (R)*

Dist 24 - Jefferson County

Pat Killian (D)
Harry Emrick (R)*

Dist 25 - Jefferson County

"Tony" Grampsas (R)*
(Incumbent)

continued on next page

Dist 26 - Jefferson County
 Arthur Merriman (D)
 Shirleen Tucker (R)*
 (Incumbent)
Dist 27 - Jefferson County**
 Jim Pierson (D)
 Timothy Cranston (R)*
Dist 28 - Jefferson County
 Mary Lou Krakora (D)
 Richard Mutzebaugh (R)*
 (Incumbent)
Dist 29 - Jefferson County
 Carol Taylor-Little (R)*
 (Incumbent)
Dist 30 - Adams & Denver Counties
 Guillermo DeHerrera (D)
 David Dunnell (R)*
Dist 31 - Adams, Boulder & Weld Counties
 Michael Romero (D)
 Faye Fleming (R)*
 (Incumbent)
Dist 32 - Adams, Denver Counties
 Jeannie Reeser (D)*
 (Incumbent)
Dist 33 - Adams County
 Jim Van Meter (D)
 Kathi Williams (R)*
 (Incumbent)
Dist 34 - Adams County
 "Matt" Jones (D)
Dist 35 - Adams County
 JoAnn Groff (D)
 (Incumbent)
 Bob Dierking (R)
Dist 36 - Arapahoe County
 Steve Ruddick (D)
 (Incumbent)
 Ed Quick (R)*
Dist 37 - Arapahoe County
 J. Bear Baker (D)
 Chris Paulson (D)*
 (Incumbent)
Dist 38 - Arapahoe County
 Beverly Ballantine (D)
 Phil Pankey (R)*
 (Incumbent)
Dist 39 - Arapahoe County
 Paul Schauer (R)*
 (Incumbent)
Dist 40 - Arapahoe, Douglas & Elbert Counties
 Robin Martinez (D)
 Jeanne Adkins (R)*
Dist 41 - Pueblo County
 "Bill" Thiebaut, Jr. (D)
Dist 42 - Pueblo County
 "Gil" Romero (D)*
Dist 43 - Huerfano, Las Animas, Otero & Pueblo Counties
 Juan Trujillo (D)
 (Incumbent)
 Mike Salaz (R)*
Dist 44 - Fremont & Pueblo Counties
 Leo Jenkins (D)*
 (Incumbent)
 Steve Arveschoug (R)
Dist 45 - Larimer County
 Jack Ashley (D)

John Irwin (R)*
 (Incumbent)
Dist 46 - Larimer County
 John Ulvang (R)*
 (Incumbent)
Dist 47 - Larimer County
 Peggy Reeves (D)*
 (Incumbent)
 Bob Eatman (R)
Dist 48 - Larimer & Weld Counties
 Dave Owen (R)*
 (Incumbent)
Dist 49 - Arapahoe County
 Anthony Rechlitz (D)
 Mike Coffman (R)*
Dist 50 - Weld County
 Richard Bond (D)*
 (Incumbent)
Dist 51 - Weld County
 Leo Berger (D)
 (Incumbent)
 William Jerke (R)*
Dist 52 - Jefferson County
 Mary Minger (D)
 Norma Anderson (R)*
 (Incumbent)
Dist 53 - Clear Creek, Gilpin, Jefferson, Summit Counties
 Samuel Williams (D)
 (Incumbent)
 Cynthia Wiggers (R)
Dist 54 - Delta & Mesa Counties
 "Bill" Morris (D)
 "Tim" Foster (R)*
Dist 55 - Mesa County
 Dan Prinster (D)*
 Reford Theobald (R)
Dist 56 - Eagle, Grand, Jackson, Moffat, Routt Counties
 Paul Bonfield (D)
 Dan Williams (R)*
 (Incumbent)
Dist 57 - Eagle, Garfield, Pitkin, Rio Blanco Counties
 Dan Arrow (D)
 Scott McInnis (R)*
 (Incumbent)
Dist 58 - Delta, Dolores, Montezuma, Montrose, Ouray, San Miguel Counties
 "Marge" Masson (R)*
 (Incumbent)
Dist 59 - Archuleta, La Plata, Montezuma, San Juan Counties
 Jim Dyer (D)*
Dist 60 - Alamosa, Conejos, Costilla, Gunnison, Hinsdale, Mineral, Rio Grande, Saguache Counties
 Lewis Entz (R)*
 (Incumbent)
Dist 61 - Chaffee, Custer, Fremont, Gunnison, Lake, Park, Teller Counties
 Ray James (D)
 Ken Chlouber (R)*
 (Incumbent)
Dist 62 - Arapahoe County
 Peggy Kerns (D)*
 Richard Kissinger (R)
Dist 63 - Baca, Bent, Crowley, Kiowa, Otero, Prowers Counties

Chris Wilkinson (D)
 Elwood Gillis (R)*
Dist 64 - Adams, Arapahoe, Cheyenne, Denver, Elbert, Kit Carson, Lincoln, Phillips, Washington, Yuma Counties
 Ron Dorn (D)
 "Bev" Bledsoe (R)*
Dist 65 - Logan, Morgan, Sedgwick, Counties
 Don Ament (R)*
**Indicates COMPAC support based on the following criteria: (1) voting records of incumbent candidates; (2) personal interviews with candidates; (3) recommendations of COMPAC members, and (4) statistical analysis of the district.*

PARTICIPATE IN '88

Seek a candidate in your area to support; then volunteer to help in the campaign. The time involved can be dictated by your schedule. If we do not have physicians and spouses working in and contributing to campaigns, we cannot expect to have a successful 1989 legislative session. **NEVER UNDERESTIMATE THE POWER OF PERSONAL INVOLVEMENT.**

We need to know when you do assist with a campaign. Please notify staff at the CMS Government Affairs Division (779-5444 or Wats 1-800-654-5623). This information will aid us in developing a good Key Contact system.

1988 VOTING RECORDS

You may receive a copy of the CMS 1988 voting records of state legislators by writing the CMS Government Affairs Division, PO Box 17550, Denver 80217-1770.

IMPORTANT ELECTION YEAR DATES

Aug 10 Earliest date to apply for absentee ballot from Clerk of Courts or County Election Commission

Sept 19 First day of branch registration

Oct 14 Last day of branch registration

Oct 14 Last day for Colorado voters to register for General Election

Oct 24 Absent voters precinct open in all counties

Nov 4 Last day to vote by absentee ballot

Once again, we urge all physicians to consider voting by absentee ballot if there is any reason to believe that your office schedule may prevent you from going to the polls on election day. Contact your county clerk of courts or election commission to request an application for an absentee ballot. C/M

SUMMARY OF 1988 BALLOT PROPOSALS

Just as you need to be informed about the candidates who will represent you, information is also necessary concerning the items you will encounter on the ballot on November 8. Following is a condensation of the proposed amendments to the Colorado Constitution along with a synopsis of the arguments for and against their passage. Please take a few moments to familiarize yourself with these questions, and perhaps, pass this article on to a friend. An informed electorate is an effective electorate.

Amendment No. 1: An amendment to the Colorado Constitution to declare that the English language is the official language of the State of Colorado.

Provisions of the Proposed Constitutional Amendment: The proposed amendment to the Colorado Constitution would amend Article II by the addition of a new section 30 to read as follows:

SECTION 30. The English language is the official language of the State of Colorado. This section is self executing; however, the General Assembly may enact laws to implement this section.

Arguments For

1) Colorado has always prided itself on the unity it has achieved. A common language is one of the strongest bonds that tie us together. Government functions through the use of words in town meetings, councils, committee hearings, legislative debates and public speeches.

2) Only a constitutional amendment can prevent future legal challenges to our common language. A one-language system provides a level playing field for all citizens of non-English speaking backgrounds.

3) To declare English the official language of the state is not to imply that any other language is inferior to English nor to mandate that only English be spoken or written. It simply assures that the business of the state, including units of local government, will be conducted in English.

4) One language for government use prevents translation, printing and distribution costs.

5) Language deficits are not permanent—the learning of English is open to anyone who cares to make the effort.

Arguments Against

1) The primacy of the English language is not in danger and there is no evidence of the alleged loss of unity or stability in our society.

2) English is already the language of government, the language used in our courts and in our schools, and the language of the marketplace. Non-English speaking people in Colorado clearly recognize that mastery of English is essential to full participation in our society.

3) The proposal leaves many meanings to be interpreted by the courts. Proponents have stated that the proposal would not affect language services that promote public health and safety. Yet, nowhere in the proposal is that statement included.

4) International relations, commerce, and politics require that Americans be proficient in languages other than English. Declaring English to be the official language of the State is contrary to the reality of our interdependent world.

Amendment No. 2: An amendment to Section 4 of Article XXI of the Constitution of the State of Colorado, making the provision on reimbursement of recall expenses from the state treasury applicable only to state elective officers, providing that the General Assembly establish procedures for said reimbursement, and authorizing the General Assembly to establish procedures for the reimbursement of recall expenses of local elective officers by local government entities.

Provisions of the Proposed Amendment: The proposed amendment to the Colorado Constitution would:

-provide that reimbursement from the state treasury of expenses incurred in a recall election shall apply only to state elective officers whose recall is sought but who are not recalled; and

-provide that the General Assembly may establish procedures for the reimbursement by a local government entity of expenses incurred by an incumbent elective officer of such governmental entity whose recall is sought but who is not recalled.

Arguments For

1) Reimbursement of expenses from the state treasury for a recall election in a local unit of government is not sound public policy. If the citizens of the state who do not reside in the local unit of government where the recall election is held cannot vote in such election, they should not be required to use their tax dollars to help reimburse the elective officer for such expenses.

2) Without the proposal, there is no limitation on the amount of public monies a local elected public official, subject to a recall election, may spend to finance a campaign. Since the Colorado Supreme Court decision invalidated prior limiting legislation, the

present provision grants an incumbent a blank check with which to wage a campaign against a recall effort.

Arguments Against

1) The present constitutional provision balances the right of citizens to seek a recall election if they have legitimate grievances, and the need for a responsible system of government that protects elected officials from frivolous recall efforts.

2) The proposal, if enacted, does not guarantee that the General Assembly will enact implementing legislation nor does the proposal provide that such legislation, if implemented, will guarantee that incumbents facing recall elections are entitled to collect adequate sums for reimbursement of reasonable and necessary recall election costs.

Amendment No. 3 An amendment to Section 7 of Article V of the Constitution of the State of Colorado providing that the regular sessions of the General Assembly shall not exceed one hundred twenty calendar days.

Provisions of the Proposed Constitutional Amendment

The proposed amendment would amend Article V, Section 7 of the Colorado Constitution. Section 7 states in part that "The general assembly shall meet in regular session at 10 o'clock a.m. on the first Wednesday after the first Tuesday of January of each year...Regular sessions of the general assembly convening in even-numbered years shall not exceed one hundred forty calendar days." The proposal would amend this language in Section 7 to read as follows:

The general assembly shall meet in regular session at 10:00 a.m. no later than the second Wednesday of January of each year...Regular sessions of the general assembly shall not exceed one hundred twenty calendar days.

Arguments For

1) The proposal is necessary to maintain the "citizen legislature" which has existed since statehood. A legislature composed of citizens willing to take time from their private lives to serve the public good has been our basic instrument of representative government. A broad range of vocations and occupations allow a greater diversity of viewpoints to impact the formulation of state policy. Legislators returning to and living among their constituents provide better in-

continued on next page

sight for representing districts. A constitutional limitation on the length of sessions will ensure a part-time legislature and best maintain the "citizen legislature" concept.

2) The proposal will ensure that the limitation cannot be changed by statute or legislative rule. The 120-day limitation will require the legislature to adjust its procedures to utilize time and resources more efficiently. State legislatures in other states of comparable or greater population are in session fewer days per year than Colorado and appear to meet their responsibilities.

Arguments Against

1) The legislature currently has the power to limit the number of days they are in session by legislative rule or by statute. If the legislature determines that its work can be accomplished in 120 days or less, it has the power to limit the session length.

2) It could deny citizens access to their strongest instrument for effective state government - the state legislature. The proposal could limit the number of issues that may be considered; limit the time necessary for thorough consideration of the issues; restrict public testimony and input on major issues, reduce the time necessary to exercise the legislative function of overseeing the operations of state government.

3) Persons elected to legislative office knowingly hold a position of public trust which should be upheld for the duration of their elected term. The proposal will not ensure a more competent, efficient or well-informed legislature.

Amendment No. 4 An amendment to Articles V, VII, VIII, and X of the Constitution of the State of Colorado concerning the maximum eight-hour workday applicable to persons who are employed in certain occupations, conforming the age qualifications of electors to that required by the Constitution of the United States, and concerning the deletion of obsolete provisions relating to suffrage for women, selection of the seat of government of the state, appropriations for the Capitol Building, and state support for the 1976 Winter Olympics.

Provisions of Proposed Constitutional Amendment

Proposed language concerning the 8 hour workday would:

-add language to allow the General Assembly to establish whatever exceptions it deems appropriate to the constitutional limit on hours of employment to a maximum of eight hours during any 24-hour period for underground miners and other persons employed in any industry or labor that the General Assembly considers injurious or dangerous to health, life, or limb.

-amend the constitution to correspond with the U.S. Constitution regarding the requirement that an elector be 18 years of age to vote.

Arguments For

1) Allowing for change in the eight-hour workday requirement would be advantageous for both operators and workers.

2) A constitutional requirement for an eight-hour workday for miners and others who work in industry or labor which is considered injurious or dangerous to health, life or limb is no longer necessary or appropriate. Federal and state labor laws and governmental safety standards now prevent those abuses that occurred in the past. The general Assembly should have the authority to change work hour laws when necessary to correspond with existing market and work conditions.

Arguments Against

1) Problems which may arise from a workday longer than eight hours may outweigh the potential advantages of the proposal. With mining and other physically demanding occupations, fatigue and strain can lead to a diminished quality of work, a greater risk of occupational accidents, reduced outputs and perhaps increased absenteeism.

2) The state should not neutralize a long established provision which has provided sound policy direction in the important area of workers' hours.

Amendment No. 5 An amendment to Section 3 of Article X of the Constitution of the State of Colorado, creating an exemption from property taxation for nonproducing unpatented mining claims.

Provision of the Proposed Constitutional Amendment

The proposed amendment to the Colorado Constitution would:

-exempt from property taxation nonproducing unpatented mining claims, which are possessory interests in real property by virtue of leases from the United States of America; and

-allow Senate Bill 134, passed during the 1988 legislative session, to go into effect which establishes a fee for the recording with the county clerk and recorder of an affidavit of annual labor regarding nonproducing unpatented mining claims.

Arguments For

1) The maintenance of an accurate list of active, nonproducing unpatented mining claims is difficult. Claim owners are not presently required to file affidavits of annual labor with the county clerk and recorder's office.

2) It is not cost effective for county treasurers to pursue delinquent taxes on nonproducing unpatented mining claims.

3) The current system penalizes those counties listing such claims on their tax rolls.

Arguments Against

1) The five dollar fee will go into effect at a time when the mining economy is depressed and will cause hardship for many claim holders.

2) The five dollar assessment for recording the affidavit of annual labor could be interpreted as a tax. Taxing powers in county government are vested in the boards of county commissioners. The five dollar tax cannot lawfully be collected by the county clerk and recorder.

3) School districts, special districts, and other

taxing entities will lose revenues as a result of the county treasurer crediting recording fees to the county's general fund.

Amendment No. 6 An amendment to Article X of the Colorado Constitution to require voter approval for certain increases in state and local government tax revenues, to restrict property, income, sales and other taxes, and to limit the rate of increase in state spending.

Provisions of the Proposed Constitutional Amendment.

The proposed amendment to the Colorado constitution would:

-apply to state government and to all local governments and become effective December 31, 1988, except where otherwise specified;

-require, except in emergencies and except for adjustment of annual mill levies which are regulated in another way, state or local governments to obtain majority voter approval in a tax election prior to imposing a new tax, tax rate increase, or a change in government policy if such change in policy would result in a net gain in tax revenues, and require two-thirds voter approval prior to incurring a debt that extends past the fiscal year;

-allow emergency taxes to be imposed by elected officials, in certain circumstances, until the next available election and provide that the failure of voters to approve the emergency tax would void the tax retroactively;

-limit, except for voter-approved debt, the maximum annual tax imposed on residential real property to one percent of the last assessed market value (reassessments are to occur every two years based on the market value two years earlier unless there is a change in the property's physical condition);

-restrict annual mill levies to ensure that the revenue raised shall not exceed that raised in the prior year plus an adjustment for annual Denver/Boulder CPI changes, with an annual limitation of five percent on inflationary increases, plus revenues attributable to new construction and to voter approved measures, plus, for school districts only, an adjustment for changes in the student enrollment, with all unapplied increases to carry forward;

Arguments For

1) The requirement for voter approval of any new taxes or tax rate increase will provide an incentive for public officials to manage tax dollars more responsibly and to be more accountable. As a safeguard, public officials can still raise taxes in an emergency, subject to voter approval at the next general election.

2) The proposal will limit the growth of government revenues generated by the property tax.

3) The proposal will control state spending. Future growth in state spending is limited to the combined change in population and inflation.

4) The proposal contains various safeguards which will maintain a necessary balance in

government revenues. Replacing lost tax revenue with higher fees is prevented because fee increases above the inflation rate will require voter approval.

5) Both the private sector and the public sector will benefit from the economic growth the proposal will encourage. The key to a strong economy is a healthy private sector that can provide jobs.

Arguments Against

1) The proposal will weaken representative government and local control. Colorado has been well served by the process of governance through elected representatives and it is not necessary to replace this with government by referendum on revenue raising issues.

2) Rigid tax and spending limitations placed in the constitution are an inflexible way to govern our society. The proposal will impose restrictions on the ability to reform and modernize the tax structure and to provide equity among taxpayers as changes occur in the state's economy.

3) The provision that two-thirds of the voters have to approve the issuance of government debt is absolutely contrary to the democratic concept of majority rule.

4) Several provisions of the proposal are vague and subject to conflicting interpretations, encouraging scrutiny by the courts.

5) The proposal will base the limit of any increase in expenditures and revenues, other through voter approval, on statistical measures which may not reflect the true need or cost of services.

Amendment No. 7: An amendment to repeal Article V, Section 50 of the Colorado Constitution and to provide instead that the state and its agencies, institutions, and political subdivisions shall not prohibit the use of public funds for medical services for a woman solely because of her choice of whether or not to continue her pregnancy.

Provisions of the Proposed Constitutional Amendment: The proposed amendment to the Colorado Constitution would repeal the existing prohibition on the use of public funds for abortions and replace it with the following language: "The state, its agencies, institutions and political subdivisions, shall not prohibit the use of public funds for medical services for a woman, solely because of her choice of whether or not to continue her pregnancy."

Arguments For

1) Current state law is unfair because it perpetuates the inequality between women who can afford an abortion and those who cannot.

2) The present prohibition singles out one medical procedure for nonfunding. Medicaid was designed to equalize the delivery of medical care between people who could afford such care and people who could not. To deny poor women the use of Medicaid funds for abortion defies the intent of the program.

3) Advances in medical science such as amniocentesis, cell culture and enzyme as-

says have enabled physicians to diagnose severe abnormalities in prenatal life. While early abortions may be performed safely in a physician's office, later abortions require hospitalization. Without the amendment, the law will continue to prohibit the performance of such abortions in a publicly funded state, county, or special district hospital.

Arguments Against

1) Passage of the amendment would set a public policy for the state of Colorado that public funds can be spent for the destruction of an unborn child through abortion.

2) There is no reason to repeal this measure and restore the public funding of abortion, because the prohibition is working as predicted. The number of induced terminations of pregnancy reported to the Colorado Department of Health has declined over 3,000 since public funding for abortions ended. Also, the Colorado birth rate is lower and has not risen as predicted by those who initially opposed prohibiting public funding of abortion.

3) If abortion is a private matter between a woman and her doctor, the abortions should be funded privately.

Amendment No. 8: An amendment to the Colorado Constitution to require that every measure referred to a committee of reference of the General Assembly be considered by the committee upon its merits, to provide that each measure reported by a committee of reference to the Senate or House shall appear on the calendar of that chamber in the order in which it was reported, and to prohibit members of the General Assembly from committing themselves or other members in a party caucus to vote in favor of or against any matter pending or to be introduced in the General Assembly.

Provisions of the Proposed Constitutional Amendment: The proposed constitutional amendment would:

- require that all bills referred to a committee of reference be afforded a hearing and vote within appropriate deadlines;

- require that all bills favorably referred to the Committee of the Whole be calendared for floor debate in the order in which they were reported out by a committee of reference, thereby limiting the function of the House Rules Committee;

- prohibit members of the General Assembly from committing themselves or any other member to a certain vote in a party caucus or similar procedure on a bill, appointment, veto, or other measure or issue proposed or pending before the legislature.

- provide that any action taken in violation of the requirements of the amendment shall be null and void.

Arguments For

1) Under the proposal, all bills will be afforded a hearing before a committee. While committee chairmen should have broad powers in setting the agenda for committee hearings, they should not have the option of abusing that power by denying committee

members the right to hear and vote on a certain piece of legislation.

2) Colorado would not be the only state to require all bills go through a committee hearing. By instituting measures to make the process more efficient, the General Assembly is capable of hearing and acting on all bills referred to a committee within appropriate deadlines.

3) The scheduling of bills for debate will not be subject to personal or partisan politics.

4) Legislators will be given constitutional protection from being obligated to vote a certain way because of a party caucus position.

5) The power base of the leadership of whichever party is the majority party will be reduced.

Arguments Against

1) The proposed changes have already been satisfactorily addressed by the legislature and are unnecessary. The rules of the House of Representatives and Senate require that action be taken on all bills and that a legislator shall not be compelled by a majority of a party caucus to vote for or against any legislative measure.

2) A requirement that all bills be afforded a hearing would lengthen the legislative session. Because of the increased workload and longer session length, several legislators have resigned. To require committees to hear all bills assigned may be too much to ask of the General Assembly without allowing extra time. Only four states have this requirement.

3) The caucus system should not be subject to constitutional restrictions. Inherent in the caucus system is the ability to make informal decisions based on party philosophy.

4) The proposed changes should not be made in the constitution but rather should be made by legislative rule or statute. If any of the provisions are not feasible, it will be very difficult to amend the constitution again to remove that provision.

5) The language of the proposal is imprecise and will not accomplish the goals intended. The language will be open to differing interpretations which may ultimately have to be decided by the courts.

Whatever you believe about these amendments, whether you agree or disagree with their intent, the impact you have will depend on your involvement. Vote. Get others to vote. Let your friends, neighbors, colleagues know what you believe.

For more information on the candidates or the issues, especially as they impinge on organized medicine in Colorado, contact the Colorado Medical Society Government Affairs Division, PO Box 17550, Denver, CO 80217-0550, or (303) 779-5455, 1-800-654-5653.c/m

Stocking Your Own Wine Cellar

by John Meredith, Wine Columnist

Ed. Note: Mr. Meredith is a wine columnist and a student of wines of the world. He is an independent contributor to Colorado Medicine and views expressed in this column are his own. They do not necessarily reflect those of the members, officers or directors of the Colorado Medical Society. This column is not intended as a scientific report or investment advice. Information presented herein is solely for the personal enrichment of our readers. Comments, questions or additions to Mr. Meredith's column are welcome. Address them to: Editor, Colorado Medicine, P.O. Box 17550, Denver, CO 80217-0550.

There is no unequivocally "right" way to begin a wine cellar. The composition, and even the very conception, of an "ideal" cellar varies with each collector's taste and philosophy. For one person it's a matter of having a sufficient supply of diverse bottles on hand, much like a basic pantry. For another, it's a matter of carefully controlled inventory of cases which are frequently upgraded and constantly replenished.

You need not be an expert to enjoy collecting wine, any more than you have to be a professional musician to enjoy collecting records and tapes. Having a cellar is an adventure, you, like any other, it requires a degree of preparation. Certain techniques of connoisseurship are worth adopting even at the beginner's level. With a little study and a written record of your impressions, you can avoid costly mistakes.

An examination of the views of several collectors confirms that present attitudes toward wine are both flexible and relaxed. Two general recommendations emerge: build your cellar around your specific needs, not according to preconceived notions about prestige labels or styles of wine inconsistent with your lifestyle, and cellar your wines under the best conditions possible.

Whether you are considering a \$50, \$500, or \$5,000 investment, many of the same basics apply. Part of the enjoyment inherent in collecting wine lies in experimenting with different bottles; every time you uncork an unfamiliar wine, you're experiencing a new and different taste. That enjoyment can be enhanced by sampling a couple of individual bottles on separate occasions before committing yourself to an entire case of any wine.

While few collectors encourage outright speculation in wines, they all agree that value for your dollar is a most important consideration, regardless of the price range in which you are shopping. The case discounts of up to ten percent offered by most liquor stores are worth

taking advantage of; but beware of "remainder" sales and "close outs" which can result in a sour experience. Attractively priced inferior vintage wines are often over the hill and cannot be salvaged no matter the price (or how you store them.)

Though speculation should be discouraged, there is much to be gained from a selective purchasing of wines from recent harvests which are as likely to improve with age as they are to increase in value. As one collector points out: "I remember perusing Schoonmaker's 1935 catalog of fine wines. At that time, you could purchase the classic 1929 Chateau Margaux at \$25 a case. Why today, you'd be lucky to pay 30 times that amount for a single bottle!"

California cabernet sauvignons from the 1984 and 1985 vintages and 1986 California chardonnays are among the best values on the current market. Both should reward collectors with cellaring. As for red Bordeaux, the vintages to concentrate on now for cellaring are 1983 and 1985 (the vintages of 1980 and 1984 offer the accessibility for current consumption, while the '79's and '81's are beginning to come around.) For red Burgundies, look to the much heralded '85's. You'll do very well in '83 German wines from the top estates, as well as the '85's. In Italian wines, concentrate on '82's and '85's. And keep your eyes open for bargains as you travel. Some of my best buys were made in out of the way stores whose owners weren't aware of the prizes they had in stock.

Be wary of all encompassing vintage charts; they sometimes backfire. To wit: Back in the mid sixties, several heads rolled when buyers who ignored the 1961 vintage in Bordeaux were caught empty handed. At the time, 1959 was still much touted and '60 had been a record crop. By contrast 1961 was a relatively small harvest, and the French raised their prices. Now it is considered — along with 1929, 1945, and, in some quarters, 1982 — one of the most successful vintages of the century.

Even more important than a wine's vintage is a reliable shipper and an honest merchant — an area where experimentation is the best recourse. But, perhaps, the biggest single mistake people make is to buy an expensive vintage wine and serve it on the same night. Even a short drive from the local liquor store to your home is enough to disturb the sediment in an older bottle and cloud the wine. Decanting won't remedy the situation adequately. To fully appreciate the inherent qualities of a fine wine, you must anticipate your needs, buying and cellaring wines carefully for future consumption.

A cellar should represent more than a mere collection of bottles. To have coherence, it should satisfy your drinking needs, with a sufficient quantity on hand to avoid having to make eleventh hour jaunts to the wine shop.

A sound \$500 cellar — an investment that forms the foundation for a sophisticated cellar — would contain 36 to 60 bottles of red and white wine, stocked in a ratio of 2 to 1. Two thirds of the wines should be laid down for future drinking, with the remaining third designated for everyday consumption.

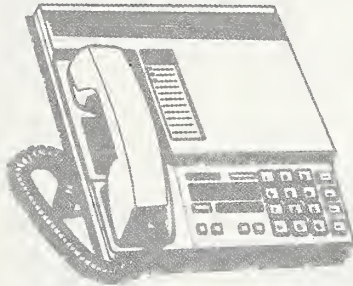
A typical cellar of this size might be comprised of the following wines (with quantities dependent upon the strength of your preferences): classified and petit chateau Bordeaux, California cabernet sauvignon and zinfandel, California and/or Oregon pinot noir, red Rhones, Beaujolais-Villages, Spanish reds, Italian reds such as valpolicella and chianti classico, cabernet and shiraz from Australia, red and white Burgundies, California chardonnay, riesling, and sauvignon blanc, Australian semillon, German and Alsatian riesling, domestic and imported champagne, sauternes, Spanish sherry, and Portuguese port.

Anticipating your wine needs and planning for them accordingly is only half the battle in wine collecting. Next month's column focuses on options in cellaring wine — the other key element in building an effect wine cellar. C/M

colorado medicine

November 1, 1988

Volume 85, Number 20



Are You Willing To SPEAK OUT?

This Issue: Colorado Medicine Readership Survey

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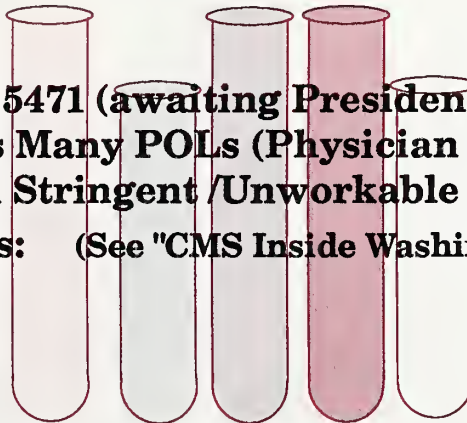
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ELECTION DAY
NOVEMBER 8TH, 1988

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good and bad news
and what each of you
can do about it!

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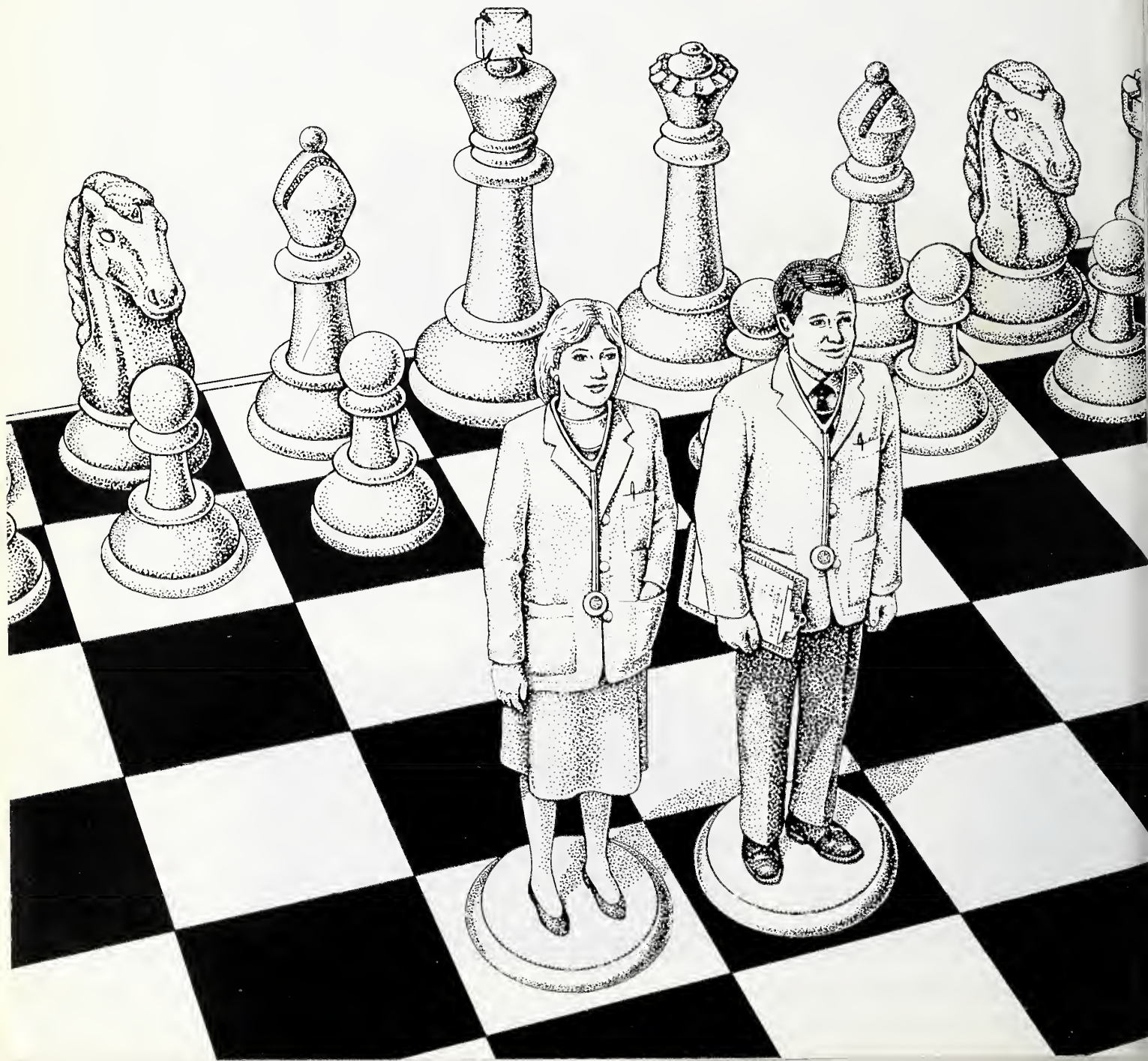
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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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*Robert D. Hartley, M. D., President
Colorado Medical Society, 1988-1989*

Are you registered to vote? Are you going to vote on November 8? These questions may sound silly to some, but physicians, particularly in Colorado, have not done exceptionally well in this area. In 1984, only 37% of Colorado physicians were registered to vote. We are doing better because the figure rose to 56% in 1986 and this year is up to 74%. That's good, but we must not rest on our laurels.

When we look at the number of issues affecting physicians which are debated and decided in the state legislature and U. S. Congress each year, we have to become involved. We have to participate in the process. John F. Kennedy was elected President of the United States by having only one more vote per precinct than Richard Nixon. Your vote does make a difference. When you go to the polls, make sure all of your family members, friends and neighbors also vote. Ask each patient you see on November 8th, "Have you voted yet?"

ELECTION DAY
NOVEMBER 8TH, 1988

DOCTOR:
**Are You
Registered to VOTE?**

I would like to take the personal privilege of urging you to vote on one particular amendment this year. I must stress at the outset that this is a personal view and not the official opinion of the *Colorado Medical Society*. I think that the passage of Amendment #6 on tax limitation has great potential to create havoc for our society and for physicians. I view myself as being fiscally conservative; however, I have a strong sense of what I feel are societal obligations. We are all greatly concerned about present levels of funding for Medicaid, medical indigency and many other social problems of critical concern to the citizens of Colorado. These programs will probably all be adversely affected, and would also extend to further funding of the medical school. I urge you to carefully look at all ramifications of passing this amendment.

Whatever you decide on this issue, as on all the other issues presented to us in this election, please decide to be involved and vote!

C/M

COCHEM'S TRUST FUND

The Cochem's Trust Fund was created to assist Colorado Medical Society physicians in need of financial assistance. Monies are given only to the physicians (not to his family or estate) and the request must be accompanied by two supporting letters from physicians briefly explaining the nominated physician's background and the circumstance(s) that he/she should receive financial support from the Trust.

If you are aware of a physician in financial need and who meets the criteria listed below, please call the CMS office. The criteria are that the physician:

- 1) Must be a member of the Colorado Medical Society
- 2) Must be a medical doctor licensed by the State of Colorado
- 3) Must be a resident of the state of Colorado for at least ten years

IMPORTANT NEW AMA PUBLICATION

The AMA has developed a new publication to give physicians and their office personnel a thorough understanding of Medicare's "medical necessity" requirements and the carrier review process in general.

Entitled "Medical Carrier Review: What Every Physician Should Know About 'Medically Unnecessary' Denials," it will be available for delivery by late October.

The fact-filled, easily read publication will help physicians and their billing staff cut through the frustrating Medicare maze. Cost is \$10 for AMA members and \$12.50 for non-members. It may be ordered via VISA or MasterCard by calling toll free on 1-8800-8335. Prepaid orders should be directed to the AMA at P.O. Box 10946, Chicago, IL 60610-0946, listing the publication number OP-198.

AMA has prepared the publication with technical assistance from the Health Care Financing Administration in recognition of the confusion which has surrounded the implementation of the relevant provisions of OBRA-86. In addition to explaining the law, the booklet (about 60 pages in length) discusses the carrier claims review process and the process by which physicians can appeal carrier determinations, as well as the medical necessity screening criteria used in making determinations about "medically unnecessary" services. There is also an extensive explanation of "advance notice" provisions which, if used properly, nullify refund requirements.

The publication provides valuable tips on how to work within the process and avoid costly, time-consuming complications. It also tells how to go about obtaining prompt assistance when questions arise or claims are challenged.

It contains a listing of the names, telephone numbers and addresses of helpful medical society contacts in each state; local Medicare carrier contacts and HCFA Regional Office contacts which should be approached if initial efforts to obtain answers or resolve difficulties are unsuccessful.

The publication contains a glossary of Medicare terminology which also will prove helpful to physicians and their office personnel.

RCT UPDATE

At its October meeting AMA's Board of Trustees examined progress and developments concerning the RCT proposal advanced at the 1988 Annual Meeting of AMA's House of Delegates.

James H. Sammons, M.D., AMA's Executive Vice President, issued the following statement regarding the Board's review:

"Since June, the Association has met with a number of nursing organizations and medical leaders. To date, the AMA has concluded its development of the RCT training curriculum and of the criteria for selection of test sites.

"The Board decided to evaluate existing programs that are similar to the proposed RCT program. Additionally, the Board directed the staff to proceed with implementing pilot projects to demonstrate and evaluate the training of RCTs.

"The AMA's RCT proposal was developed to respond to physicians' concerns that patients are not receiving needed and expected bedside care. The program is meant to reinforce, not replace, nursing care."

How To Order Copies Of The

RBRVS REPORT

If you wish to call Harvard's Office of the University Publisher concerning orders for copies of the Resource Based Relative Value Schedule (RBRVS) report, that telephone number is (617) 495-2175.

Checks or purchase requisitions for the two volume report should be made out to:

**Office of the
University Publisher
Harvard University
219 Western Avenue
Boston, MA 02134**

Price is \$250 per copy PLUS shipping costs — \$55 for overnight mailing, \$30 for two day delivery and \$20 for UPS delivery.

Colorado Medical Society does not have any further information on the availability or the completeness of the report. You will have to contact the Office of the Publisher, Harvard University, for any further information.

(Washington, D.C. 10/26/88)U. S. COURT OF APPEALS DISMISSES AMA'S APPEAL IN THE MAAC LAWSUIT AGAINST THE HHS, but in doing so has made some pointed remarks to the HHS and Congress about the burden that the Medicare price control mechanism has placed on the profession. The appeal was on a U. S. District Court decision of AMA's 1985 lawsuit challenging the constitutionality of MAAC implementation procedures. The Court of Appeals in New Orleans ruled that AMA's case was moot because "the consequences of the 1987 participation decision can no longer be changed" and, in part because as a result of the suit Congress itself may have learned from the unsatisfactory 1986 experience... In the ruling HHS is implicitly warned by the Court to exercise care in sanctioning physicians. The Court stated it appears quite remote the HHS would seek to sanction a physician for exceeding MAACs of which he was unaware.

The Court clearly gained a deep appreciation of the difficulties that have confronted physicians under MAAC regulations. To say that the calculation of individual MAACs by every physician for every medical service that may be performed (some 10,000 in all) is complex is to understate the matter ridiculously, the Court said. In an even broader context, the Court caustically commented that "Given the intricacy, intrusiveness and constant fluctuations of these price control measures, it is no wonder that top students are being deterred in droves from applying to medical school." In commenting on the ruling, Kirk Johnson, J.D., AMA's General Counsel said: "Obviously, we would have preferred a victory in this case. But the opinion of the Court indicates that the litigation was substantial and it should put HHS on notice that the AMA stands ready to vindicate the interests of its members and their patients.

THE CLINICAL LABORATORY BILL THAT EMERGED FROM CONGRESS THE WEEK OF OCTOBER 14 FREES MANY PHYSICIAN OFFICE LABS (POLs) from stringent and often unworkable requirements that would have been imposed under previous legislation. Under H.R. 5471, which is now awaiting President Reagan's signature, the great majority of these labs can continue to operate without having to meet the same rigid personnel standards as an independent laboratory, such as having services supervised by PhD-level scientists or pathologists. Nor will they be subjected to inspections or proficiency review under certification requirements if they merely perform relatively simple laboratory procedures. If earlier Senate provisions had prevailed, a substantial number of physician office labs that do just these simple tests no doubt would have been compelled to meet standards that are unrelated to the scope of the lab services provided. Also stricken from the substantially modified bill were Senate provisions that would have required direct billing for laboratory services performed outside the office and that would have prohibited referral of laboratory work to facilities in which a physician maintained an ownership interest -- no matter what the circumstances were.

THE AMA PLAYED A DECISIVE ROLE in motivating Senate leadership on the issue to rethink their positions. Extensive medical society contacts made with members of the Senate convinced them that the profession clearly supported efforts to achieve a bill that would improve quality of services, but without working undue hardships on physician office laboratories in their efforts to conveniently and effectively meet the needs of patients. Senators were urged to delay any action in taking up a laboratory bill until undesirable provisions of

an earlier bill cleared for Senate floor action (S. 2477) were removed.

(As George Thomasson, M.D., Chairman of the CMS Community Health Issues Council, pointed out in June, 1988, "one of the effects of the 1987 Omnibus Budget Reconciliation Act would be a requirement for inspection of physician office labs beginning in 1990 if the lab provides more than 5,000 tests a year." Dr. Thomasson added in his memorandum to the CMS offices that CMS staff should be on the lookout for the occurrence of this requirement and, as he stated, "This is probably only tangentially related to the Community Health Issues Council as it is more a professional issue; however, we should be preparing the CMS membership to meet these requirements.")

The Senate leadership acquiesced to their strong case for reconsideration and encouraged intensive House-Senate negotiations. The AMA Washington office was heavily involved in the negotiation process. It took nearly a month to finalize the language contained in the modified bill.

H.R. 4455, AMA'S BILL FOR COMPREHENSIVE MEDICARE REFORM, HAS GAINED its seventh cosponsor in the House of Representatives. The new cosponsor is Rep. Austin Murphy (D-PA). H.R. 4455 was introduced last June by Rep. Charles Rose (D-NC) and would establish a system of vouchers through which Medicare beneficiaries would purchase health insurance directly from competing carriers. Cost of coverage would be financed through a tax on adjusted gross income that individuals would pay during their working years and the existing employer health insurance payroll tax.

C/M

Radiologists Speak Out on RVS

by Lee F. Rogers, M.D., Chairman,
Board of Chancellors,
American College of Radiology

The American College of Radiology has noted with some concern announcements about a "resource based" relative value schedule which, in the words of the authors, would drastically change current patterns of physician reimbursement. College committees have not yet had an opportunity to review the entire report of the Harvard University team which developed the scheme. However, enough has been learned from radiologists who acted as advisors to the Harvard group and from what has been written and said about the study to warrant continuing concerns about any implementation of the study.

Several points might be made.

1. The Harvard team based its conclusions about diagnostic radiology on surveys of fewer than 100 radiologists out of a national population of more than 17,000 actively practicing in this country. The survey asked about 21 diagnostic procedures out of some 750 in the radiology section of the Coded Procedural Terminology. The selection of procedures to be studied failed to reflect any understanding of the volumes of diagnostic imaging reflected by each. Thus, the extrapolation process from these few data points requires a degree of faith in the survey methodology which is unsupported by adequate data. Later review indicates that the depth of surveys of other specialties is pegged upon equally marginal data.
2. The principal authors of the present study are also authors of previous

studies of physician compensation in which they expressed strongly prejudicial views about the compensation of physicians in general and about the compensation of physicians other than those providing primary care in particular. Those biases continued to appear in comments about the current study by several of its principals during the conduct of the study. Thus the question of conclusions which so neatly fit those preconceptions arises.

3. Contrary to the tone and implications of the publications issued in September, the study is not completed. Only 18 of the 30 plus identifiable medical specialties have been studied in the fragmentary manner noted above. Separate studies of therapeutic radiology and of nuclear imaging are included in the second phase which is due to be completed in October 1989. From all indications, the same limited data gathering and extrapolations will be used in this second phase.

"This RVS and resultant fee schedule will be implemented by HCFA beginning in January 1989...."

4. Any implementation of the results of the Harvard study by the Medicare program must await further legislation by a future Congress. The possibility of such supportive legislation is conjectural, at best.

Some time during October, the Health Care Financing Administration will publish in the Federal Register its plans to implement the radiology relative value

scale and fee schedule mandated by the Congress in section 4049 of the 1987 Omnibus Budget Reconciliation Act. This RVS and resultant fee schedule will be implemented by HCFA beginning in January 1989, by edict of the Congress.

The statutory language required HCFA to develop an experience based RVS from data collected by HCFA from its carriers and by the ACR from detailed surveys of practicing radiology groups. Thus, the resulting values represent the experience of thousands of radiologists in providing services to Medicare beneficiaries and all other groups of patients.

The Congress further directed that the radiology RVS and fee schedules be implemented with assigned values which will be budget neutral, minus 3 percent. Hence, the intent is to describe and structure a system for actual applications rather than an effort to superimpose untried theories upon practice.

In testimony to the House of Representatives Ways and Means Health Subcommittee in May 1987, the ACR urged that the Congress authorize the development of experience based relative value scales for all of medicine. Ensuing Congressional action authorized HCFA to develop new RVS materials for radiology, anesthesiology and pathology. In coming months, the application of the RVS based fee schedules for anesthesiology and radiology will provide practical experience in the use of this methodology on a national basis. Long before the Harvard study is completed, the Medicare program will have substantial experience in the use of a fee schedule based upon real life applications. The results of these applications should be useful to HCFA and to the Congress in electing a further course of action.

C/M

HOME RADON EXPOSURE

*From The Committee on Environment
John C. Selner, M. D., Chairman
Council on Community Health Issues
Elen Stein, Director
Colorado Medical Society*

Radon is an odorless, tasteless, invisible radioactive gas. Its isotopes are capable of sticking to dust particle matter and as such, can be inhaled into the recesses of the lung. This gas is found as a contaminant of soil and rock but experience has demonstrated that it is not possible to predict with any certainty based on natural environs or location of a structure, what level of Radon might be found in a given home. One home may have a relatively high level of Radon and the house next door may have a very low level. Homes that are on or near uranium bearing rock or those that have been backfilled with uranium mined tailings, are subject to substantial risk of accumulating significant amounts of radon indoors. Generally, higher concentrations are found in subterranean locations (basement) but Radon can be found anywhere in the home.

THE MEDIA SCARE

Use of terms such as deadly gas tend to frighten the public and give a distorted view of the scientific information available on the risk factors for Radon that have been established by sound scientific process. This can result in an inappropriate fear of developing lung cancer. The circus atmosphere surrounding the recent media attention to Radon has the potential for inappropriately equating Radon exposure with other medical conditions such as neuromuscular complaints and cognitive disorders.

THE FACTS

There is a well established increased risk for developing lung cancer in cigarette smokers.

Cigarette smokers exposed to high concentrations of Radon appear to have a significant increase in lung cancer incidents as opposed to the non-smokers.

The EPA in an effort to protect the public health has recommended measurement of radon in homes. The EPA has made calculations extrapolated from the data obtained in the examination of uranium miners, many of whom were smokers, and have made the following recommendations regarding homebound Radon exposure.

They are:

1. Minimum level at or below 4 pCi/L
2. Take action within a few years at levels between 4 pCi/L and 20 pCi/L
3. Take action within several months at levels between 20 pCi/L and 200 pCi/L
4. Take action within several weeks at levels above 200 pCi/L.

There exists a significant controversy about the scientific validity of the calculations utilized to arrive at these recommendations. That is to say that there is a considered opinion which holds that the hazards identified may be exaggerated for non-smokers. There is no controversy regarding the risk of lung cancer and cigarette smoking. **THERE IS NO ARGUMENT WITH THE STATEMENT THAT THE BEST WAY TO DECREASE THE RISK OF LUNG CANCER IS TO STOP SMOKING.**

RADON DETECTORS

Radon detectors with proper instruction for use are available from local grocers and hardware stores. Prices range from \$11.00 to \$16.00. These units are useful in detecting the occasional home with a very high level of Radon (800 picocuries is the highest level so far detected in a Colorado home). In a broad

state health survey, the highest level detected is 350.

TESTING PROBLEMS

To accurately assess a home's Radon level it is necessary to determine a cumulative dose. Initial test should be done for 48 to 72 hours using a charcoal canister technique. If the level is below 4, further testing is not necessary. If level is 4 or above, a 9-12 month duration testing should be done using an alpha track detector or other integrating detector. Radon levels can change over 24 hours with the highest levels detected at night. Seasonal variation can also be dramatic with the highest levels being seen in the wintertime.

LOWERING HOME RADON LEVELS

Effective remediation can be taken usually without great expense to the home owner. Substructural ventilation maneuvers can bring high levels such as in the 800 picocuries home down to levels of less than 4 picocuries. Informational pamphlets are available from both the Colorado Department of Health and EPA on this matter.

The Colorado Medical Society strongly believes that we should err on the side of caution with respect to Radon considerations. On the other hand, it is our firm conviction that the general public should understand that the Radon, as it exists in the vast majority of homes, is not an immediate threat to the occupants. We believe that if action is taken along the lines recommended by the EPA and endorsed by the American Congress for Radiotherapists that there is no reason for panic among the general population. Further, we would strongly recommend that media sources moderate the tenor of their presentation of this problem.

C/M

Colorado Medicine for November 1, 1988

UPDATE: on Clinical Allergy

The National Jewish Center for Immunology and Respiratory Medicine will present an "UPDATE on Clinical Allergy" February 1-5th 1989 at Keystone, Colorado. The conference is designed to give practicing physicians up to date and practical information on the diagnosis and treatment of patients with respiratory, allergic, and immune disorders. The Registration fee is \$275 (\$125 for Allied Health and Physicians in Training) and carries 16.5 hours of AMA Category 1 Credit. For a brochure and more information, contact: Jeri Wagner, National Jewish Center for Immunology and Respiratory Medicine, 1400 Jackson Street, Denver, CO 80206 (303) 398-1828.

Dear Editor:

With health care costs rising and the "big brother" role the insurance carriers have assumed we are all feeling the urgency to return patients to optimum "health" as soon as possible. As physical therapists we can assist in the rehabilitation of the patient(s). As with many professions, the field of physical therapy continues to expand as more is understood concerning pathology and rehabilitation of the human body. Physical Therapists are trained to evaluate and treat mobility, strength and function of all body parts. Mobility is assessed in the muscles, soft tissues, peripheral and spinal joints. Strength and endurance can be objectively documented of extremity and spinal muscles. Muscle imbalance and incoordination can be detected. Functional positions such as sleeping, standing and sitting postures can be evaluated for their possible contributions to the dysfunction. Gait patterns are frequently evaluated on anyone with lower extremity or back involvement.

Once a thorough evaluation has been conducted the patient is placed on a specific program. These programs frequently include strength and mobility exercises, posture training, manual therapy and possible modalities. The end goal of treatment is to return the patient to the previous level of function and provide knowledge on how to care for the body and avoid further injury. Specific training for sports and/or work situations can be performed. Work harden-

ing has become the "vogue" method to condition the patient to return to work or activities of daily living. Work hardening programs condition the extremities and trunk while reinforcing proper body mechanics with work related and/or home tasks, i.e. pushing, pulling, lifting, carrying, stooping, shoveling, working with hands above the head, snow shoveling, vacuuming, etc.

Functional Capacity Assessments and Evaluations are performed by physical therapists to help physicians in setting work restrictions. These tests include repetitive lifting, carrying, stoop to the floor, sitting, standing and walking tolerances, dexterity tests as well as tests of general mobility and strength testing.

During the rehabilitation process patients are treated several times a week. This gives the therapist the opportunity to educate the patient regarding his specific condition and proper exercise and body mechanics are reinforced. Much of this education process is initiated in the physician's office but repetition helps assure proper follow through.

Please feel free to contact a physician therapist in your area for further information regarding the benefits we can provide to patients.

Susan Moore, Chairperson,
Referral for Profit Committee
Physical Therapists in Private Practice
8805 Fox Drive, Suite 200
Denver, CO 80221
(303) 428-4646

Corrigenda

In Memory

The name of the physician who died June 20, 1988 was Ralph Brundige, MD of Lakewood, rather than Ralph Brundeg, MD as reported in *Colorado Medicine* of August 15, 1988. Our apologies to the family and friends who sorely miss Dr. Brundige.

In the article on *New X-Ray Inspection Regulations* carried in the October 1, 1988 issue, on page 387, information supplied to us incorrectly stated that, "Inspectors, by law, cannot be state employees." It should have read, "Inspectors, by state law, cannot be employees of the Health Department." The law does not address other branches of the state government. Our thanks to the observant Dr. William S. Curtis of Boulder for pointing this out.

I'Accuse

by Alan Blum, MD

Reprinted from *DOC News and Views*, Fall 1988, pp. 23,
published by "Doctors Ought to Care", 423 Harper Street, Augusta, GA 30912.

In 15 years of lecturing on the subject of smoking, I've found one thing: everybody's an expert. And now that funding is becoming available to deal with the problem, everybody wants to get into the act.

The problem is, apart from some prohibitionistic posturing in regard to cigarette advertising on the part of certain national medical organizations and other born-again reformers, virtually all the effort is directed at getting inveterate smokers to quit. In keeping with our penchant for technology and tertiary care — fully reimbursable, of course — we have found new and exciting and — you guessed — costly ways to tackle the smoking pandemic with clinics and biofeedback and drugs and gum and other gimmicks. I doubt there's anyone in the medical profession who'd rather see funding for a new missile than for health care. But in a time of limited budgeting for health, pouring resources mainly into research and treatment for smoking cessation at the expense of primary prevention is a tragic waste. It is hard to believe that until 1983 the only effort of the National Cancer Institute on smoking was a search for a safer cigarette. To be sure, there were a few decent booklets, but they received far too little circulation. As Mike Cummings of Roswell Park Memorial points out, while a major voluntary health charity boasts of having distributed over one million booklets on how to stop smoking, the numerator of one million looks tiny indeed over a denominator of 51 million.

The fact is, there is virtually no one over the age of two who hasn't heard that smoking is dangerous to your health. Even those who rightly point out that the message hasn't been heard often enough to really sink in and thus must be dramatically increased may be mired in a cognitive dimension wherein imparting

of knowledge about the dangers of smoking becomes the sole objective.

"...or hold a press conference to call for a ban on the big bad wolf."

Thus all that is dealt with is the act of smoking — or the resultant diminished health — rather than the carefully crafted symbols, images and words created by the promoters of tobacco usage...and the tobacco and advertising industries themselves. It's as if there is one world of health advocates warning and whining about smoking, and another world of tobacco industry illusionists allaying anxiety and creating positive associations with tobacco products. It's license to kill, but our response is a little more than to wave a small red flag or write an obscure warning or hold a press conference to call for a ban on the big bad wolf.

Virtually all activity directed at ending this smoking pandemic is reactive rather than prospective. Selective outrage is mustered against a Newport ad showing an apparently pregnant woman or an RJ Reynolds advertisement stating that there's still scientific doubt about the dangers of smoking to those who don't smoke. But what about the missions of other tobacco generated impressions. The response of the AMA, to ban all tobacco advertising, while of course a good thing, hasn't seemed to influence a single United States senator to announce support for such a ban.

Where we health advocates have failed

is in not creating direct associations that will paint the tobacco industry as the drug pushers and child molesters they truly are. Knowing that tobacco advertising was beginning to be scrutinized around the world — and was doing no good for anyone but the tobacco companies and the broadcast outlets — big tobacco ostensibly pulled out of American televisions, only to resurface shortly thereafter as a benefactor to televised artistic events and a sponsor of sporting events. Advertising became promotions.

The response of the health people has been to cry foul, demand that government do something about it, or in the case of the AMA use the issue as a membership come-on promising to work for legislation to stop the smoking problem once and for all. The AMA in fact takes credit for the ban on smoking on aircraft, warnings on spitting tobacco packages, and other measures, as if groups like ASH, GASP, Americans for Nonsmokers Rights, the American Lung Association, the American Heart Association, CATS, DOC, and other organizations hadn't existed prior to December 1985 when the AMA came out with its first major anti-smoking resolution in 140 years calling for a ban on tobacco advertising. Apart from the fact that the product with the longest shelf-life in America is an AMA resolution, there is something wrong when an organization as powerful and politically potent that shamelessly rewrites history rather than acknowledge that it must make up for lost time and lost ground...and lost lives.

In fairness, JAMA has begun to publish research and editorial pieces dealing with the problem and the house organ for the AMA, *American Medical News*, has admitted that "much remains to be done," but in reality the AMA's effort is one of public relations and not public action.

(Continued)

Certainly it has not put its money where its mouth is. Indeed, it even appears to have aided and abetted the enemy financially far more than it has helped those such as DOC who have been on the frontlines. While earlier this year the Education and Research Foundation of the AMA (AMA-ERF) was turning down a request for seed funding for the establishment of DOC's international tobacco archive and information center — comprised of the largest collection of sociopolitical materials on the tobacco issue in the U.S., and the result of the daily monitoring of the tobacco industry and anti-smoking activities over the past 20 years by yours truly — the AMA's political action committee, AMAPAC was

"...probably wouldn't be more than a dozen or two Congressmen who would rank tobacco as one of our top three health problems..."

continuing to pour hundreds of thousands of dollars into the already well-lined pockets of the most notorious protobacco industry politicians. Make no mistake, this is no mere philosophical coincidence regarding a mutual disdain for socialized medicine; rather, it is a philosophy of preservation of the status quo, a "thems as has beths" mindset that precludes the funding of the handful of politicians who have made opposition to the tobacco industry a leading issue. Granted, there probably wouldn't be more than a dozen or two Congressmen who would rank tobacco as one of our top three health problems, but those who do ought to have the support of organized medicine, notwithstanding the criticism many of these individuals may reserve for an AMA that has fought against social change for years. As I

wrote in an editorial in the *New York State Journal of Medicine* in 1985, physicians ought to be literally marching on their legislatures on the tobacco issue — not just marching against the high rate of malpractice insurance. When doctors show the public they are willing to devote the time and money to crusade for issues that don't relate to their own monetary self-interest, perhaps the public will see that physicians have a point when they talk about preserving fee-for-service medicine or opposing measures that remove the ultimate decisions for health from the physicians.

Sadly, the history of the AMA on tobacco is chapter and verse out of the Soviet Encyclopedia: ignore the issue (and those who are trying to highlight it), then deny its importance (as numerous AMA presidents have done in statements regarding physicians not interfering with patients' personal lifestyles), then oppose (as the AMA did to those who wanted to sell AMA tobacco stocks in 1981) and blacklist, then gradually adopt (occasionally with credit), and then coolly coopt and claim primacy and credit.

"Chutzpa" used to be defined as the boy who kills his mother and father and then throws himself on the mercy of the court as an orphan. The AMA's claim of leadership of the antismoking movement will now become the standard of Chutzpa.

As one former AMA employee says (who tried and failed for nearly three years ending in 1986 to get the AMA to make a policy within its own building restricting smoking), "they're up with the times if you give them about five years."

The AMA and other national, regional, state and local medical organizations must assume a proactive, prospective leadership role to protect and preserve the health of our patients. If we do not, who will?

Alan Blum, MD, is the Founder and Chairman of "Doctors Ought to Care" (DOC), "a coalition of health professionals and other concerned individuals that is helping to educate the public, especially young people, about the major preventable causes of poor health and high medical costs."

CIM

COLORADO PRESCRIPTION DRUG ABUSE TASK FORCE

Nationally, 60 percent of emergency room visits involve drug overdoses and 70 percent of all drug related deaths are attributed to prescription drugs. In 1982, Colorado ranked among the top 15 states in per capita consumption of five commonly abused prescription drugs. Due to the efforts of the Colorado Prescription Drug Abuse Task Force, that number has been reduced to one. Colorado now ranks among the top 15 states in per capita consumption of cocaine alone.

The Task Force recently received a \$34,500 award from the Colorado Trust to hire a project director to implement a five pronged effort to reduce prescription drug abuse in Colorado.

Stephen Dilts, M.D., President of the Task Force, said the money will be used to:

1. Distribute and promote the use of guidelines for health professionals who prescribe, dispense and administer drugs.
2. Implement professional educational programs aimed at preventing and reducing prescription drug abuse.
3. Improve coordination and communication among regulatory and law enforcement agencies, health practitioners, and professional associations.
4. Compile data to determine drug abuse trends in Colorado.
5. Evaluate proposed public policy for controlling prescription drug abuse in Colorado.

If you are interested in further information contact project co-directors, Carla Littlefield, Ph.D., or Jody Gingery, M.Ed., R.N., (303) 832-5068.

The Colorado Prescription Drug Abuse Task Force is a nonprofit corporation and consortium of private and public agencies cooperating in an effort to reduce prescription drug abuse in Colorado. Organized in 1984, member agencies total over 30 and include the Colorado Medical Society, Denver Medical Society, the Colorado Hospital Association, State regulatory boards, and the Colorado Department of Health.

CIM

MEDICAL NEWS

Worker Attitudes About AIDS May Be Potential Timebomb

(Reprinted from the Mountain States Employers Council, Inc. "BULLETIN" September, 1988 issue.)

It now appears unlikely that there will be a rapid spread of AIDS into the general heterosexual population. Can employers relax and be less concerned about the impact of AIDS in the workplace? It doesn't appear so!

Employees have strong negative feelings about sharing a work area with a co-worker who has AIDS. A recent survey conducted under the direction of David Herold of the Georgia Institute of Technology Center for Work Performance Problems revealed some startling worker attitudes. For example, two-thirds of workers indicated that they would be concerned about sharing restroom facilities with a co-worker who has AIDS. Forty percent of surveyed workers indicated that they would be reluctant to eat in the same employee cafeteria. Thirty-seven percent of employees said that they would refuse to share tools or equipment with an infected co-worker.

Employers unprepared to deal with these issues will almost inevitably face serious problems later. Problems will arise when laws protecting infected employees will clash with the health concerns of other employees. There are serious implications when an employer can expect 35% to 40% of its workforce to be fearful of eating in the same cafeteria or sharing equipment with a co-worker who may have AIDS.

Consider the fact that even though AIDS itself is not easily transmitted, the same may not be true of certain infections that could afflict an AIDS sufferer. For example, if an employee with AIDS develops a communicable infection, are you prepared to deal with that issue?

Now is a very appropriate time to reevaluate your thoughts and feelings about developing policy guidelines and employee educational program. Now is the time to develop rational approaches for dealing with AIDS in the workplace if this hasn't already been done within your organization.

Small Claims and Collections Resources, 1989

The Denver Bar Association Public Interest Law Committee is sponsoring free seminars on how to file cases in small claims court and how to collect on debts. Volunteers and paralegals will teach these clinics, to be held at the YMCA, 535 16th Street, 7th Floor. All sessions begin at 6:30 pm and conclude around 8, reservations are not necessary and they are open to the public.

SMALL CLAIMS CLINICS

January 10	July 11
March 14	September 12
April 11	October 10
June 13	December 12

COLLECTIONS CLINICS

February 14
May 9
August 8
November 14

The Association has other resources available as well. A video tape called *Small Claims Court: Yours to Use* is available at the Denver Public Library (call 571-2000) or by request on Mile Hi Cablevision channel 55 (call 571-2264). Several tapes are available on the Tel-Law Tape Library by calling 759-8580. A pamphlet on *How to Use the Colorado Small Claims Court*, published by the State Judicial Department is available at Courts and one by the Colorado Public Interest Research group by calling 355-1861.

Ronald McDonald House Sponsors Second Annual "House Run"

The Denver Ronald McDonald House is a "home away from home™" that provides a warm, caring environment where families of children with cancer and other serious illnesses can live while their children receive treatment at Denver-area hospitals. These hospitals and the House serve a 500,000 square-mile, 13-state area.

The House eliminates costly hotel bills while offering a secure place to stay - a place where families receive additional strength and stability from other families in the same situation. And hospitalized children know their families are close by.

Funds from the House come primarily from individual contributions, McDonald's owners/operators, special events and corporate donations. One of the special events is the "House Run."

On Saturday, May 20, 1989, the Ronald McDonald House will hold its Second Annual "House Run." The Run will be held in Denver's Washington Park. There will be a 10K run starting at 8:00 a.m.; the 5K and Professional Walkers race begins at 9:00 a.m. There will also be a 1 mile family walk starting at 10:30 a.m.

Each entrant will receive an official race T-shirt and a bag of "corporate goodies." Entry fees are \$10.00 per runner (\$15.00 on race day), \$5.00 per runner over 55 or children under 12 (\$10.00 on race day), \$25.00 per family - 2 adults and 2 children (extra children \$5.00). Medical coverage for race day is provided.

Health Data Commission Pulls Back on Colorado Uniform Clinical Data Set (CUCDS) Project

The current project of the Colorado Health Data Commission recently hit the hospitals amidst a barrage of controversy. There is great concern and discussion within the medical community about the Colorado Uniform Clinical Data Set (CUCDS) project. We recently mailed a package of information about this project to all component and specialty medical societies in an effort to bring everyone up to date and let you know what CMS is doing with regard to this project. Some positive actions in which you might be interested have been taken since the time of the mailing.

As you are probably aware, the Colorado Health Data Commission solicited the assistance of the Medical Society in developing a physician panel to create a Uniform Clinical Data Set. That panel worked in conjunction with the CMS Task Force on the Data Commission to review a data set as outlined by HCFA. While the CMS Task Force determined that to work with the Commission on this project was in the best interests of the physician community, it in no way implies any endorsement of the Data Commission, the CUCDS, or any of the actions of the commission.

The most recent draft of the Data Set (which had no approval from, nor had it gone through any process of refinement by, the Physician Panel) contained over 800 potential data elements and would have required all hospitals 100 beds and over to abstract data from medical records on cases falling into ten designated DRGs. Data collection was due to begin January 1, 1989. The time estimates for data collection, as testified to by the hospitals, ranged from 50 minutes to 2 hours per record at an estimated cost to the hospital industry of \$5 million for the first year.

The Task Force developed a position paper which was distributed to the Commissioners and which expressed their concerns about the current course of the Data Set project. As advocates for

the patients who would ultimately bear the cost burden, the physicians expressed great concern to the Commissioners about the scope of this project. Concern about the purpose of the project, the untested hypotheses on which it is based, the use of the data, and the time lines projected for the project were also discussed. As a result of this paper, the Commissioners asked to have an informal meeting with the Physician Panel and the CMS Task Force. A successful meeting took place on October 25 and resulted in the Commission's decision to review the current course of the project. The following actions were taken by the Commission on October 26, 1988:

1) expressed concern about the duplication of effort necessitated by implementation of this project for hospitals that already have a proprietary severity of illness measurement system in place and would soon need an additional system to meet JCAHO requirements; 2) determined that the purpose of the project is to focus on severity of illness as an indicator of variation in costs, outcome and quality of care; 3) decided to send the current draft of the Data Set back to the physician Panel with instructions to

limit its size, if possible, in order that data abstraction could be done in 30 minutes, to limit the number of potential data elements to 300, and, in as much as possible, to strive for compatibility with data sets of existing systems being utilized within hospitals; 4) delay the public hearing on Rule 87-3 which guides this project, until further review regarding changes to the Data Set have taken place, and; 5) pushed the implementation date for data collection at least one quarter ahead to April of 1989.

While there is still much to be done to make this project potentially meaningful (at least bearable) rather than burdensome for the provider community, some positive steps have been taken. The Physician Panel and the CMS Task Force have worked hard to try to represent the best interests of the physician community. There are still many concerns regarding this project which, as of yet, have not been addressed. We will continue our dialogue with the Commissioners as well as to explore other options, as appropriate, in an effort to represent the medical community on these issues.

C/M



CLAIMS-MADE POLICIES: STEP RATE INCREASES

In this era when only claims-made policies are available in medical malpractice insurance, it is important for all of us to recall (and factor into our financial planning) the change in price which occurs in each of the first years of any such policy. Failure to do so may present unanticipated "surprise" at the first billing date following the anniversary date of your policy.

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Contact the Policyholder Services Department of COPIC with any questions regarding the above information, or any other matter with which you need assistance.

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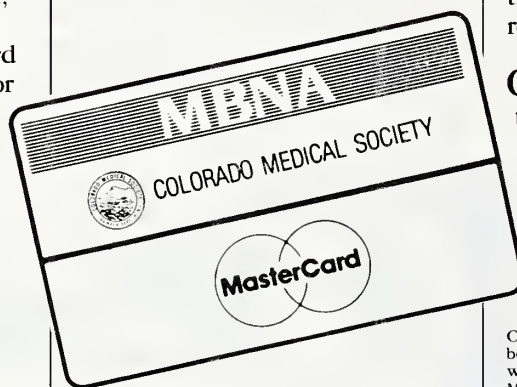
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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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Introducing:



John F. Farrington, M.D.
President-elect
Colorado Medical Society

At the 118th Annual Meeting of the Colorado Medical Society House of Delegates (September 17, 1988) held in Denver, Boulderite John F. Farrington, MD, was named President-elect of CMS.

During the 1988-89 Society year, Dr. Farrington will devote much of his time in understudying Robert D. Hartley, M.D., current President of CMS.

Dr. Farrington has a long record of elected and appointed office in organized medicine, both in Colorado and national organizations. He served as President of the Boulder County Medical Society (1965-66), Chief of Staff, Boulder Community Hospital (1966-67), President, Colorado Society of Internal Medicine (1970-71), Chairman, Health Standards Committee of the Colorado Foundation for Medical Care (1971-72), Chairman, Peer Review Organization, Colorado Society of Internal Medicine (1970-72), Assistant Clinical Professor of Medicine, University of Colorado School of Medicine (1957-1986), Trustee, American Society of Internal Medi-

cine (1973-79), Secretary-Treasurer, American Society of Internal Medicine (1976-79), President-elect, American Society of Internal Medicine (1979-80), President, American Society of Internal Medicine (1980-81), Medical Director of Healthcare United (May, 1986 to February, 1988), and President of the Colorado IPA Service Group (1984-88).

Born in Boulder, John Farrington received his BA from the University of Colorado in 1949 and his MD from the University of Colorado School of Medicine in 1952 and has been in private practice (Internal Medicine) in Boulder since 1956.

During his medical career, Dr. Farrington has also served in numerous other national offices, including: Member, Joint National Committee of PIQuA (Private Initiative in Quality Assurance) funded by the W. K. Kellogg Foundation; Chairman, AMA-CPT Update Committee (1977-80); Member, AMA-CPT Editorial Board (1976-77), and; Member, Executive Committee, American Society of Internal Medicine (1976-81).

The year that the CMS President-elect serves before assuming the presidency is a time devoted to attending (as an ex-officio member of) council and committee meetings, becoming more directly involved in the Society's government affairs, legislative, socio-economic, community health issues and medical services activities, of which there are many. In the coming year, Dr. Farrington serves as a Director, is a member of the Executive Committee, the Finance Committee and the Cochem's Trust Committee. He will chair the CMS Membership Committee and the Annual/Interim Meeting Program Committee, and will also chair the CMS Board of Directors meetings in the absence of Dr. Hartley.

Looking ahead to this jam-packed year, Dr. Farrington said: "The most important aspect of my job this year is to support the activities of the President in every way I can. Personally, I consider the Council on Medical Services, Seniors Coalition and Medically Indigent, and Physicians' Immunity for Peer Review as top priorities. Within the next two years we can expect pressures to change the physician reimbursement mechanism and we must be able to re-

spond in a responsible and intelligent fashion. Physicians need to develop alternatives if the tort reform law does not withstand a Supreme Court challenge. Colorado Medical Society members have to strengthen our county and state medical societies so that they can truly be the advocates of the physician and the patient. The President-elect's planning meeting will be changed to a regional leadership conference, involving the Rocky Mtn. Conference States. The tentative plans for this meeting are Thursday through Sunday, April 27 - 30, 1989, at the Cheyenne Mountain Inn at Colorado Springs. I hope we can involve as many of the county medical society officers and executives and staff as possible. The major subjects of our conference will be "Business' View of Health Care for the '90s." In order to fulfill the mission of Colorado Medical Society we will need the involvement of all CMS members.

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The Stresses of Caring

by Glenn Swogger, Jr., M.D., Senior Psychiatric Consultant, Center for Applied Behavioral Sciences, Menninger Foundation, Topeka, Kansas

Reprinted from *Physician Executive*, July-August, 1988

"Our calling as physicians resonates with very deeply held values and satisfactions. The physician's role is also associated with some special stresses and vulnerabilities. Each of us must find a way to balance this combination of rewards and pressures in terms of our own unique personality structure and life stage. The following personal summary of the satisfactions and stresses of caring may be useful to others in managing that individual balancing act."

For all occupations and professions, work roles are a source of important satisfactions and stresses. Our work has many personal meanings for each of us. The capacity to work productively is correlated with our mental health, and our work activities themselves may act as buffers in times of stress. The figure on the following page, outlines the psychological importance of work.

The well-traveled corridors of our hospital, clinic, or office facilities are places where we often feel very comfortable. The medical community, like the police and other special groups that society has designated to deal with serious problems, is a special "in group." We tend to spend a lot of time with each other and to talk a special language. We have pride and satisfaction in our membership in that community. When I was admitted to medical school, the father of a friend of mine, who was a physician, put his arm around me and congratulated me and talked with me about my future. He used the old cliché about medicine being a "stern mistress," but what I really remember was his warmth and my pride in becoming a part of a special group.

The realities of illness and death challenge and test our competence. Despite stresses, there are great satisfactions in meeting these challenges. In fact, the excitement and stimulation of learning from experience and acquiring new knowledge act as a buffer against boredom and burnout.

Being physicians offers us excellent opportunities for control. Our special knowledge and talents give us many options. And the physician's role involves a special authority: "Doctor's orders!" One of the treasured values of our profession is the authority that we have to express our professional opinions. Organizational and administrative roles for physicians both compromise and expand this authority.

Our work roles also form an important part of our sense of identity. When we are asked who we are, we usually assume that at least a part of the question involves our work role or profession. Many physicians gain a special sense of pride from their professional identity, a pride that is very deeply ingrained. Franklin Murphy, a physician with a multifaceted career that has included roles as CEO of a major corporation and chancellor of the University of California at Los Angeles, commented in an interview on the guilt that he felt about leaving the medical profession to assume these roles.¹ He came from a family with two preceding generations of physicians. He felt very uncomfortable about abandoning his physician identity, although, he added, seeing his son become a resident in surgery had helped him to feel he had redeemed himself. Our identity as physicians serves to give us a sense of who we are, to organize our behavior, to provide a role, to guide our relationships with others, and to form a set of ethics and responsibilities.

In a positive sense, all these meanings of our professional role add up to a sense of self-worth. Conversely, work-related problems and difficulties are seen as threats to our self-esteem. Irrational denial of professional problems, combined with angry outbursts, depression, and avoidance of help, may all reflect an endangered sense of self-worth.

There are many special features of a physician's role in addition to those that I have already mentioned. We enjoy the ego satisfactions of our status, the aura of being a doctor, and the money that we receive for our services. We have important roles in our community, and our families bathe in our reflected glory. Current changes in medical practice sometimes stress physicians just because they threaten our status and special role.

We also enjoy the special meaning and intimacy of the doctor-patient relationship. Because of the expectations and demands that people place upon,

and because of the needs that they reveal to us, a unique and intense relationship may develop. Although our role is ostensibly that of helping others, we may also feel specially honored and nurtured by our patients' trust, confidence, and intimacy with us.

Paradoxically, it is the very satisfactions that we experience in our roles that are sometimes responsible for the special stresses that we face. With the many opportunities for satisfaction that our work provides, it is not surprising that we sometimes "overindulge." Work can be seductive. The fact that we are so good at winning the rewards offered to us makes it very easy to become workaholics. At times, it is very difficult to draw the line between love of work and slavery, between satisfaction and addiction.

In addition, along with our own internal satisfactions as motivators for our work, we are subjected to the multiple cues and demands of our environment. We have many reasons for not refusing the urgent referral of a colleague, or the call of a patient. In fact, we are socialized to be "on call," to be always responsive. Many physicians have an overdeveloped sense of responsibility, a guilty feeling that makes it very difficult to say "no." The result may be an inability to "let go" periodically, to relax, to enjoy ourselves, or to be selfish or lazy. Glen Gabbard, a colleague at the Menninger Foundation, has examined what he calls "the compulsive triad" of the conscientious physician: Guilt, self-doubt, and an exaggerated sense of responsibility.² Because we are dealing with people's bodies, health, and even life and death, it is essential that we be conscientious. It's good that we check the laboratory slips, make sure the needle is in the vein, never let up until all is done. But sometimes this conscientiousness goes beyond the bounds of reason and leaves us unable to experience realistic completion or satisfaction.

continued on following page

Work Provides Us With...

- ✓ Structure and security.
- ✓ Social contact, membership
- ✓ Satisfaction of developing and exercising competence.
- ✓ Exercise of power and control.
- ✓ Sense of identity.
- ✓ Fulfillment of values.
- ✓ Self-Esteem.
- ✓ Sometimes a "high" that makes work seem like play.

Many years ago, when I left New York and moved to Topeka, I announced my departure to all of my patients well in advance. There was one patient, however, who called me from time to time in crisis situations. I felt very dissatisfied with her treatment, as she had consistently refused my efforts to be involved in a regular course of treatment between her "crises." Despite my own dissatisfaction with my efforts, however, it occurred to me that I had better let her know that I wasn't going to be around for the next crisis. So I called her up and asked her to come in for an appointment. She arrived wearing her usual bizarre makeup and heavy mascara. When I told her of my decision to leave she stared at me through her makeup with look of utter shock and disbelief. Finally she said, "You don't understand. You're a doctor! You can't just leave people like that!" She struck a chord in me, and I felt all of the guilt about "deserting" my patients. C/M

(to be continued...)

IN PART 2...

"A doctor's first duty is to ask for forgiveness."

COMING DECEMBER 1

References

1. Staver, S. "From Dean at 32 to CEO at 52—the Career of Franklin D. Murphy, M.D." *American Medical News*, April 13, 1986.
2. Gabbard, G. "The Role of Compulsiveness in the Normal Physician." *JAMA* 254(20):2926-9, Nov. 22/29, 1985.

Yoder elected Vice Chairman of CRR

At their recent meeting in Chicago, Franklin D. Yoder, MD was elected Vice Chairman of the Committee for Review and Recognition (CRR) of the Accreditation Council for Continuing Medical Education (ACCME). This places Dr. Yoder in a very influential position concerning CME in the United States. He has served on the Committee for the past four years and has two years remaining on his current three year term.

"The CRR approves the application of one agency in each state and territory to be responsible for sponsors (intra state) hospitals, medical specialty societies and clinics who wish to give approved programs for CME and be responsible for the quality of each presentation," says Dr. Yoder. "The CRR Committee is composed of seven members geographically distributed to cover the U.S. Five are appointed from state medical nominees and two from ACCME. Terms are staggered."

Franklin D. Yoder received his Doctor of Medicine degree from the Northwest University Medical Center in Illinois in 1939, and served his internship and residency at Chicago Mercy Hospital. He has been a member of CMS since 1973 and currently specializes in General Preventive Medicine at Weld County General Hospital. He resides in Greeley with his wife Catherine who is past Vice President of the CMS Auxiliary, Parliamentarian of the Weld County Medical Society Auxiliary and 1988-89 President-Elect of the CMSA. C/M

"Premier" on sale - AMA and state societies protest

The AMA, Arizona Medical Association, Missouri State Medical Association and three county medical societies in those states are expected to commence legal action to halt the sale of R. J. Reynolds' new nicotine product, "Premier," unless its safety can be proved.

"The American public has the right to expect that the products they consume have been judged safe for human consumption before being placed on the

shelves for sale," said James H. Sammons, M.D., AMA executive vice president. "On this issue, we are simply unwilling to accept on faith the new product of an industry that still denies that smoking is unhealthy."

The legal petition states that Premier is a new and hazardous system intended to deliver the drug nicotine, "a psychoactive and addictive drug which has been implicated in cardiovascular disease, complications of hypertension, reproductive disorders, cancer and gastrointestinal disorders."

Without clearance from the FDA, Reynolds on Oct. 1, began selling Premier in Arizona and Missouri. C/M

CMS Jail Health Care Project receives NCCHC "Recognition Award"

The National Commission on Correctional Health Care (NCCHC) presented a "Recognition Award" to the Jail Health Care Project administered by CMS at the group's annual meeting in Florida this month. Ellen Stein, Project Coordinator, received the award on behalf of CMS at the presentation ceremony November 2.

NCCHC, the accrediting body for jail health care facilities under a program originally begun by the AMA, presented the award to CMS "For its concern that incarcerated adults and juveniles receive adequate medical care and its participation in the nationwide accreditation program for prisons, jails and juvenile facilities."

Bernard P. Harrison, President of the NCCHC, said of the CMS project, "CMS's continued support and the expert assistance of Ellen Stein and her colleagues has had such a positive impact on correctional health care that it is often cited by the courts and by state and local legislative bodies."

The Colorado Jail Health Care Project, for which CMS received the award, works to ensure quality health care in Colorado jails under a grant from the Division of Criminal Justice. It provides communication, technical assistance, training and support to jail personnel, especially those involved in health care. C/M

NEW CERTIFICATE FOR 1989

STATE OF COLORADO CERTIFICATE OF DEATH (PHYSICIAN OR CORONER)

STATE FILE NUMBER

DECEDENT	1. DECEDENT'S NAME (First Middle Last)				2 SEX	3 DATE OF DEATH (Month, Day, Year)	
	4 SOCIAL SECURITY NUMBER	5a AGE - Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month, Day, Year)	7 BIRTHPLACE (City and State or Foreign Country)	
	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)						
1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____	9b. FACILITY NAME (If not institution, give street and number)				9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH	
	10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12 SPOUSE (If wife, give maiden name)	
	13a. RESIDENCE STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER		
	13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE - American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+)	
PARENTS	17. FATHER NAME First Middle Last			18. MOTHER NAME First Middle Last (Maiden Name)			
	19. INFANT NAME and relationship to deceased						
DISPOSITION	20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c. LOCATION - City or Town, State		
	21. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH				22. NAME AND ADDRESS OF FACILITY:		
CERTIFIER	23. TIME OF DEATH M _____		24. DATE PRONOUNCED Month _____		25. WAS CORONER NOTIFIED? (Yes or No)		
	26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature _____				27. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature _____		
	28. DATE SIGNED (Month, Day, Year)				29. DATE SIGNED (Month, Day, Year)		
	30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print)						
CAUSE OF DEATH	31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)						
	32. REGISTRAR'S SIGNATURE						
	33. DATE FILED (Month, Day, Year)						
	34. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide	35a. DATE OF INJURY (Month, Day, Year)	35b. TIME OF INJURY M _____	35c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	35d. DESCRIBE HOW INJURY OCCURRED		
	35e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			35f. LOCATION (Street and Number or Rural Route Number, City, County, State)			
	36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)						
	PART I						
	CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST (c)						
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g., diabetes, alcohol abuse, smoker, septicemia)							
37. AUTOPSY (Yes or No)							
38. IF YES were findings considered in determining cause of death?							

The items that have changed are as follows:

Place of death was expanded to include hospital inpatient, ER/outpatient, DOA, nursing home residence or other. This will clarify the status of hospital deaths and provide information on where out of hospital deaths are occurring.

Of the two U.S. Census versions of the ethnicity question, the death certificate will use the specific Hispanic ethnicity question. Mortality data for the Hispanic community in this country is seriously needed and Hispanic groups both nationally and in Colorado have promoted the inclusion of this question. The question will provide much more accurate data for and about the Hispanic community.

Another addition is a question regarding the decedent's education level. The responses to this question will be very useful as a measure of socioeconomic status. Level of education is also one of the most sensitive predictors of mortality. It has been noted that including a question regarding education would be valuable because mortality as related to education is changing for minorities. This question has appeared for many years on the birth certificate in the statistical/medical portion but will be new in 1989 for the death certificate.

Prompts were added in Part II of the Cause of Death section to encourage physicians and coroners to include diabetes, smoking and/or alcohol abuse as part of the information on the death certificate. Also, the decedent's Birthplace (City and State) was expanded from State of Birth. This addition should be especially helpful when matching birth and death records of infants.

If you have any questions concerning the 1989 Certificate of Death, we can be reached by mail at Division of Health Statistics and Vital Records, 4210 East 11th Avenue, Denver, CO 80220; or by telephone at 331-4893.

Thomas Balkany, MD, Chairman
Council on Legislation
and
Carol Tempest, Director
Government Affairs Division



TIME FOR THE LEGISLATURE TO RECONVENE: What can be expected?

The Colorado legislature will convene on Wednesday, January 3, 1989, and the Council on Legislation will begin regular meetings on Friday, January 13th. CMS members have an open invitation to attend any or all of these meetings which are held every Friday at 4 PM during the state legislative session. Although the meetings are generally held at the CMS offices, we suggest that you call and confirm the meeting place with your Government Affairs staff (779-5455 or 1-800-654-5653).

December 1, 1988 is the deadline for prefiling bills, and each legislator is allowed to prefile four bills. Issues which we expect to be considered during this session of the legislature are listed below.

Privatization of University Hospital: Will probably be considered

Privatization of University Hospital: A proposal placing the University Hospital in the private sector.

Governmental Immunity for Persons Providing Charity Care: Will provide for a cap of \$150,000 on the amount that can be recovered in damages by Medicaid patients. A similar proposal introduced during the past session of the legislature by Representative John Irwin (R), Loveland, was killed on second reading in the House.

Establishment of a Trauma Center System: This proposal will be patterned after a similar bill which was killed in committee in 1988. The draft bill establishes a trauma system program within the emergency medical services division of the Department of Health.

Insurance for the "Uninsurable": Legislative proposals which were defeated in 1987 and 1988 offered a plan for Colorado residents termed "uninsurable" because they have been denied adequate major medical coverage or such coverage is available to them only at prohibitive rates. Similar legislation will be introduced in 1989, and sources of funding are being investigated.

Withholding of Nourishment in the Living Will Law: Will allow persons to request that nourishment be withheld under the terms of the "living will" law which was passed in 1986.

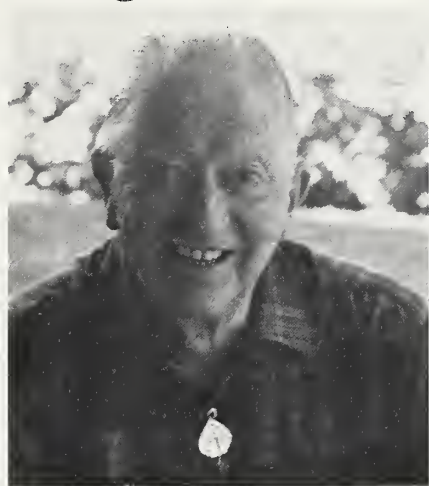
Immunity for Peer Review Activities: A CMS task force has been created which is reviewing the necessity for additional legislation to provide protection for physicians participating in peer review activities.

Prescribing for Family Members: Current Colorado law forbids prescribing of any controlled substance as defined under Colorado statutes. The CMS House of Delegates ('88) passed a resolution to amend the statutes and forbid prescribing to family members of any federal DEA Schedule II substance.

Would you be willing to participate?

Legislative Key Contacts Needed. The CMS Council on Legislation is looking for physicians and spouses who are willing to serve as Key Contacts to our congressional and state legislative representatives. A CMS Key Contact is a person who has a relationship of trust and confidence with a public official and is willing to communicate with that official on issues of great importance to medicine. We will appreciate hearing from you if you are interested in assisting our political effectiveness program by serving in this capacity. C/M

"Call A Doctor, Please: Memoirs of a Surgeon"



Edgar W. Barber, M.D.

The story actually begins in Center-ville, Utah, on September 11 of 1898, one Edgar W. Barber, "J.B. (just born)" to Dr. & Mrs. Wilford W. Barber. It seems fair to say that Edgar Barber wasn't the one saying "Call a Doctor, Please!" But by 1924 at the University of Utah when he received his B.A., Edgar Barber wanted to become a doctor.

He completed his M.D. at the University of Pennsylvania (1927) with honors (Phi Kappa Phi), Interned at the Staten Island General Hospital (1927-28) and a residency at New York Hospital, N. Y. City, from 1928 to 1930, at which time he entered private practice in Long Island, Nassau County, New York, then moved his practice to Denver in 1939 as General Surgery.

He received his Board Certification from the American Board of Surgery in 1941. With the outbreak of World War II, Dr. Barber entered the U. S. Army Medical Corps, serving with the 29th General Hospital in New Caledonia, then transferred as Chief of Surgery, 20th Station Hospital, Guadalcanal. He was honorably discharged in 1946 with the rank of Lt. Colonel. Dr. Barber has been a resident of Denver since 1946, during which time he continued his private practice until 1969, where he also served as assistant professor of surgery and clinical professor of surgery

at the University of Colorado School of Medicine over a 19 year period. Dr. Barber retired from surgical and medical practice in 1971.

Dr. Barber was a member of the Nassau County (NY) Medical Society (1930-39), became a Fellow of the American College of Surgeons in 1941, and was named a Diplomat of the American Board of Surgery in 1942. Since arriving in Colorado he has been a member of the Denver and Colorado Medical Societies and the American Medical Association. In addition to two scientific articles Dr. Barber had published in the Rocky Mountain Medical Journal (1946, 1948)) on the eve of his retirement from practice, he wrote "*Doctor! When Should You Retire?*" (RMMJ: Oct. '71; 32). I have excerpted from this article in the companion piece in this issue of *Colorado Medicine*: "*The Retiring Physician: Here's a Suggestion.*"

Memoirs of a Surgeon

After five years of personal reminiscence and writing, partly in celebration of his 90th birthday this September, Dr. Barber has published his book, "*Call a Doctor, Please: Memoirs of a Surgeon.*" The book is (as of November 1, 1988) now available in many Colorado bookstores.

C/M

The Retiring Physician: Here's a Suggestion

by Bill Pierson, Managing Editor
Colorado Medicine

Doctor! Have you retired from full-time medical practice recently? If you have, is your activity schedule full yet? Do you miss practice, the hospital, the people? Are you finding all of the "right" things to do with your retirement? As Dr. Edgar Barber said in his article on retiring (RMMJ: Oct. '71) "If you feel as though you should offer something of your talents to the cause of humanity," here's a suggestion:

Colorado and Denver have a unique medical education facility which is fast growing into the largest and finest in the United States; it's the **Hall of Life Health Education Center** at the Denver Museum of Natural History. This outstanding teaching facility continues to grow in popularity among the general public and the public schools. In 1988, the Hall of Life has received 74,143 persons through the exhibits and health education classes. Of the 17,000 square feet in the new north atrium addition of the Museum, over 10,000 square feet will be devoted to interactive exhibits, with nearly the entire balance in classrooms.

Stop and think for a moment what your knowledge and experience could contribute to the health education of these thousands of people (particularly the primary and secondary school children), about how they can become masters of their own physical and mental destiny, inspiring them to pursue a future of medical science and encouraging their continued close relationship with their own physicians.

There is no higher calling than that of the physician...except for the physician who would give of his scientific and humanistic experience to perpetuate the science and improvement of life.

This isn't my idea...I have been privileged to serve on the Hall of Life Board of Directors since the health education concept was aborning. Putting together a corps of retired physicians from any and all specialties comes from a doctor who has said "We have to have some way to capture this experience and knowledge." I think this is one good way.

C/M

American College of Radiologists Provide Workshop in Denver on RBRVS

As a follow-up to the letter by Lee F. Rogers, M.D., Chairman, Board of Chancellors of the American College of Radiology (*"Radiologists Speak Out on RVS," Colorado Medicine Nov. 1 '88, p 439*), the ACR has scheduled a series of meeting for radiologists, radiation oncologists and business managers to discuss the radiology RVS and its practical application. Eight meetings in all have been scheduled in major cities across the country during November and December. A meeting has been scheduled for Denver on Friday, December 9, 1988, at the Regency Hotel, 3900 Elati (West 38th Avenue and I-25 interchange, then north to 39th, east to Elati into the hotel parking lot, which faces I-25).

The meeting will begin at 12:30 p.m. and will end at approximately 5:30 p.m. There will be a general discussion of the RVS and fee schedule, followed by workshops which will include practical

exercises in using the RVS and determining the affect on your practice. There will be separate workshops for diagnostic radiology and radiation oncology.

In order to plan for the meeting, ACR asks that you call the ACR Reston, VA office at 1-800-227-5463 or (703) 648-8900 and ask for "Radiology RVS Workshop Registration." Your registration for the meeting will be confirmed when you call.

To assure the greatest benefit from the workshop you may wish to bring information about your practice with you. This information will be for your own use in the workshops and will not be

collected or used by the College. It would also be helpful to bring a calculator to the meeting.

Examples of information to bring:

- °Your practice's fee schedule.
- °The total volume of procedures in your practice by CPT-IV code. If all codes are not available, the top 20 or 30 procedures by volume would be helpful.
- °Your Medicare MAACs (Maximum Allowable Actual Charges) if you are a non-participating physician.
- °Your Medicare allowed charges for your top volume procedures. For all procedures, if you have them.
- °The percentage of your total practice which is Medicare.
- °These meetings will provide important information about the radiology RVS and the fee schedule to be utilized by Medicare beginning in January 1989.



MANAGED PATIENT CARE - CAPITATED PAYMENT SYSTEMS HOLD-HARMLESS INDEMNIFICATION

As the balance shifts in medical care from fee-for-service arrangements between physicians and their patients, to ever increasing numbers of patients covered by one or another of the "managed patient care" plans, physicians find themselves increasingly in the position of trying to evaluate the myriad alphabet-soup organizations which offer reimbursement for the care of their patients.

COPIC is not in the business of writing healthcare policies, has no expertise which could help you in evaluating such things as capitation rates, conversion tables for relative-values scales, or the like; those determinations will need to be made on your own estimation of the fairness of terms offered you. At the point of en-

rollment, when you have decided to sign up with one or more of these plans, you may well be offered a contract for signature - and at that point COPIC has an overriding interest in the document you are about to sign.

Most HMO/PPO/IPA/Managed Care plans will require enactment of a contract prior to payment to physicians, and most of the contracts we have seen contain "Hold Harmless" agreements between the Plan and the provider. Such agreements can, and should, work to your benefit - to limit your liability for acts of the insurance company which are beyond your control, and to limit the liability of the company for your acts of medical negligence. Some of the agreements we have seen go far beyond that, actually attempting by contract to ex-

pose the physician to liability for acts of the insurance company; we think you don't want this personal exposure, and from the COPIC standpoint, we **KNOW** we don't want you to expose COPIC's assets by signing any such open-ended contracts.

The bottom line of this message is this: if you are contemplating signature on any personal service contract which contains "Hold Harmless" language, contact COPIC for assistance in evaluating that contract. We have substitute, acceptable language in hand if such is needed, and we can assist in your discussions with unresponsive insurance companies, if that assistance is required.

Slow-paying patients

the first of a series of collection problems

by Bill Pierson, Director, Communications
Colorado Medical Society

You didn't spend all those years in school and training in order to become a bill collector. You have far better ways to spend your time.

And yet, collecting the money that's owed you is critical to your practice. So why should there be a problem? You've likely been in practice long enough to know the payment patterns of your patients...some are slow but are earnest and trustworthy...others have difficulty in timely payment because they are still depending on third-party payors to take care of their bills. It's probably a small minority who are not paying their bills at all.

But we're talking here about your patients. You don't want to offend or alienate them because you honestly care about their welfare. When it comes down to discussing money, common sense and human nature tell you that's no place for the doctor to be involved. What, then, should you do, doctor? It's your practice.

Many physicians' offices today simply ask for payment up front. Will your patient base stand for this? Sooner or later, it gets to the point that this is no longer the question...either the patient is willing to make payment before leaving the office or make some realistic payment arrangement. What about the patient who must be hospitalized? That's no place to say "pay before leaving the hospital," even though many hospitals are operating on this basis in collecting their own bills. These patients just have to be billed for the physician's fees. And then what about payment?

In credit, there seems to be more questions than answers; however, let's look at some basics. I'm going to be very personal and speak of some of my own bad experiences with my doctor. First, my doctor and I are close personal friends; I have probably shared more of my personal life story with him over the past 35 years than he deserves. He attends me and within the next 30 days his office sends me a bill. I wasn't thoughtful enough to take an insurance claim form with me to his office, so when I get his bill I then say "I'd better pick up an insurance form to claim this amount." You guessed it...I forget. Before I know it, another month has rolled by and I left

my doctor hanging for what is now over 30 days. Then I realize that if I pay the bill I am going to be short of cash in my account, or I'll be paying a bank service charge for dropping below the minimum balance. Whatever I do now doesn't really matter. I have goofed and have been using my doctor's money for nearly two months. I didn't really mean to do any-one harm. Being the good friend that he is, my doctor will always say "I understand. Just work it out with the office, they're the ones who handle the billing."

If his office staff were attuned to a collection system which doesn't allow for this sort of laxity, I (the patient) would have received a stout reminder well before the normal payment period had run out. I probably would have paid. Instead, my doctor is a nice guy and he continues to carry me.

We all talk about making the individual more responsible for his/her own health. We should do more to make the individual more responsible for his/her health care debt. How? Many of you will say, after reading paragraph 1) below, "we already do this." Good! Go to paragraph 2).

In-Office Collection System:

1) Put the patient on notice that he must be responsible for payment of his/her bill within 10 days of receiving the bill; if the bill is not paid during that period, and/or if effective payment arrangements have not been made (either with your office or with insurance or 3rd party payor), an interest charge (typically 1.5% per month) will be added to the balance due. If no payment is received within 60 days, the balance due will be turned over for collection by an outside agency. Of course, such notice should be made to all patients before such a program is put in place.

2) Use a rubber stamp calling attention to the fact that the bill will be turned over to a collection agency on a specific date if no payment has been received. During the past eight years in working with physician clients of I. C. Systems, Inc., I have found that this red-ink rubber stamp is a very effective, no-cost way to get the account paid or satisfied quickly,

without going to an outside agency.

3) No "slow-pay" accounts are allowed to be left on the books without action beyond ninety-days. Records show us that accounts receivable which have been turned over to collectors and which are older than three-plus months stand little chance of being collected, no matter who the collection agency is.

4) Make certain that your office staff is well schooled in your collection system, no matter if it is of your own origination or whether you are using a template supplied by an outside collection agency. One of the greatest failings I have noted over the years with the physicians' offices is that when there is a change in office personnel, this new person is not brought thoroughly up to date on how the system works. This is especially true of use of an outside collection agency. The first reaction usually occurs about six months after the person is hired and the doctor is saying "our collection agency is not effective; we have so many uncollected accounts." What is happening is that the new staff person doesn't turn over these accounts receivable for collection in a timely manner and, when they are finally put out for collection, they are "stale" beyond the 90 days. They will probably not be collected.

Outside Collection Agency:

Colorado Medical Society has, for 8 years, endorsed I. C. Systems, Inc., of St. Paul, Minnesota. They are a fifty-year-old company operating in all 50 states. They are the only privately-held firm collecting debts in all fifty states. They will help your staff with initial training on how to use their services. They support your office with a full range of collection services and personnel, including carefully-trained telephone contact specialists and a large staff of full-time customer service representatives. This is not a pitch for I. C. Systems, Inc., but CMS has found the close working relationship we have developed with this firm to be one more member service in which we have direct association involvement, and it helps. *NEXT: Skip-tracing.*

CIM

What does it take to become a doctor?

To find out, NOVA is embarking on an ambitious 10-year project called "Can We Make a Better Doctor?" The series will follow the fortunes of six current freshmen at Harvard Medical School.

An intimate portrait of the students; experiences throughout their first year of training, "Can We Make a Better Doctor?" (the initial program in the series), airs Tuesday, December 13 at 8pm (check local listings).

Subsequent programs will document the progress of the students at two- and three-year intervals as they advance through medical school training, internships, residencies, and eventually into professional practice.

"We're convinced that this project will offer an outstanding portrait of medical education," says Paula Apsell, executive producer of NOVA. "The theme is of universal concern, since we will all repeatedly encounter the medical system and its representative, the doctor. 'Can We Make a Better Doctor?' will tell us what to expect."

The series also will document the results of a unique experiment in doctor training. Harvard Medical School recently introduced a revolutionary departure from the traditional medical school curriculum. Known as "the New Pathway," the program emphasizes early clinical experience plus independent learning. Instead of an initial grueling period of two years during which students memorize basic science in the classroom but have no contact with patients, the New Pathway brings them face-to-face with patients and challenging clinical problems within two weeks of their arrival.

Under the old system, students viewed the first two years as a "hurdle to be gotten through in order to become what they want to be, which is doctors," says Gordon Moore, one of the architects of the new program. "We reasoned that it's important for students to be integrating basic science and the humanistic side of medicine all the way through medical school, because we really do believe that great physicians are excellent scientists, excellent in biotechnical capacity in medicine, and excellent at healing," Dr.

Moore adds.

Harvard's revolution has been wide-ranging. No longer are students expected to cram vast amounts of specialized information, since professors freely admit that much of what students are required to learn will be obsolete by the time they graduate. Instead, students meet in smaller groups to review actual cases and decide for themselves what they need to know in order to diagnose and treat a particular problem.

The idea is that they will develop the habit of "self-directed discovery," according to anatomy professor Daniel Goddenough. "A doctor should be constantly learning. Medical school is never over."

Group problem-solving also teaches the students to work as a team--a skill that is indispensable in contemporary private practice and HMOs.

From the students' point of view, the New Pathway gives them an immediate taste of what it's like to be a hands-on physician. The experience is both exciting and daunting, and NOVA's cameras are there through it all. Students are filmed nervously conducting their first patient exams. They witness autopsies and major surgeries, interview AIDS patients and take sexual histories as well as dissecting cadavers.

"It was worse than I ever expected," says student Jane Liebschutz, standing before a cadaver with the chest cavity open.

At the end of the first year, Jane Liebschutz is still having difficulties adapting to medical school. "When I first came to medical school I said ...something's wrong with people if they can't be a good doctor, have lots of friends, and be relaxed, and now I'm not sure I can do it.... I've basically given up everything in my life, and I had hoped to walk out victorious, feeling like I've learned something, or yes, it's all worth it. But I'm not sure that it is...."

NOVA, the award-winning weekly science documentary series, is produced for PBS by WGBH Boston and made possible by grants from public television stations, Johnson & Johnson Family of Companies and Prime Computer Inc.

If you wish further information on the series or broadcast scheduling following the initial December 13 program, contact KRMA-TV in Denver at 892-6666. Information supplied by Johnson & Johnson and PRIME®.

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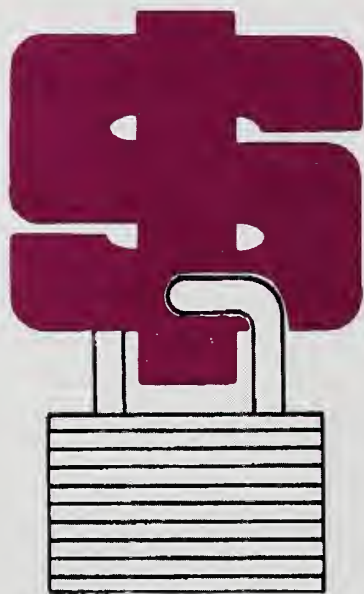
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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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"We Aim To Please"

The Management

(Reprinted from *Clear Creek Valley Medical Society News Letter*, Vol. 32, No. 11, Nov. '88 President's Message, by Eugene A. Dorr, M.D., President, CCMVS)

You have probably seen this sign in many establishments, particularly older businesses and cafes. If you are like me, the sign probably made you feel as if the management would give that little extra something to make life a bit more special.

Not ever realized by most people was that there was a disclaimer, in much smaller print, at the bottom of the sign. It said: "Unfortunately, the aims of the customer and management may not be the same."

In years past the physician was an honored member of the community. According to recent polls, a majority of people have no great regard for the medical profession. But--they also think their own physician is a good guy. Why is there such a disparity in these opinions? We know we are still the good guys -- aren't we? We work hard for our patients and, individually, our patients appreciate our efforts. But the real bad guys are running a great P.R. program which makes the physicians, collectively, look like bad guys.

What can we do to counter the false image being built for us? What did that

Doc of yesteryear have that we don't have? Perhaps he had a little more time to spend with his patients, a little bit better one-on-one communication for which we do not, today, have time. During this coming year I would like to see a return to better communication with our patients and with the public at large. I would like to see each physician adopt some small community project, your local school PTO and athletic program, a local playground, a nursing home. Talk to a service club. Meet with a senior citizen group. Help out in a political campaign. Run for office in your homeowners' association. Give a class in something of interest to you and invite your friends and neighbors. Let us try to make the physician more visible in the community, not only as a doctor, but as an involved citizen. Perhaps in this way we can turn around some of the false, negative impressions about us and our profession.

Let us "Aim to Please" ...and perhaps...maybe...our aim and the aim of the "management" will create a better image for us all.

Newborn Hope

President Robert D. Hartley, M.D. represented Colorado Medical Society at the Newborn Hope Benefit Fashion Luncheon November 4. Hartley was joined by other area dignitaries in the effort to raise money for Newborn Hope, a 16 year old organization created on behalf of newborns with respiratory problems by Zoya Miller of Colorado Springs.

The organization raises money for teaching programs at The Children's Hospital and UCHSC, among other places. Nurses, physicians and hospital staff from throughout Colorado are offered a variety of educational programs to help improve the outcome of pregnancy and save lives and dollars in the process. Especially targeted are such afflictions as Respiratory Distress Syndrome (RDS) and Sudden Infant Death Syndrome (SIDS) including methods of early detection and care. C/M

Insurance Tip of the Month

DON'T RETURN MEDICARE OVERPAYMENT

from Physician Services, Sandra Maloney

What do you do if Medicare overpays you? Many practices have returned the check to the Medicare carrier with an explanatory note, assuming that the problem is solved. Unfortunately, this is often not the case. What can happen is that the Medicare carrier discovered the error in the meantime. Then they may deduct this overpayment from a subsequent check they draw on your practice. Your returned check may not reach them in time to avoid this bureaucratic mess-up.

Then, what should you do? First, don't return the check. Deposit it. Then send a letter to Medicare notifying them of the overpayment, including a copy of their check and the EOMB (Explanation of Medicare benefits). At this point, the Medicare carrier will either deduct this overpayment from your next Medicare payment, which will be explained on your EOMB; or ask you to reimburse them for the overpayment. This is the best way to avoid a bureaucratic hassle.

THIS ARTICLE IS: An information service of Conomikes Associates, Inc.

C/M

INTRAV insurance upgrade

INTRAV, an international travel agency located in St. Louis which serves CMS members, has announced an upgrade in its Passenger Travel Protection Program. Several significant enhancements have created areas of increased coverage for CMS members, says Sheri Neier, Sales Administrator.

Neier says that the new plan will provide improved medical protection (removes requirement of hospitalization in order to be covered and changes the \$100/day for a maximum of 30 days to \$3,000 total cap), expanded baggage protection (increases maximum covered limit from \$400 to \$1,000 and eliminates limit of \$250 per article) and travel accident insurance with accidental death and dismemberment coverage (extends

\$60,000 coverage to all types of accidents, as opposed to previous plan, which provided \$60,000 for air accidents, and only \$20,000 for other types.) Confirmed passengers will receive a brochure and information on the plan 90 days prior to departure.

The only bad news is that, after holding the price to \$99 for two years, INTRAV's insurance company has had to raise it to \$119. They say that the increase is justified by rising insurance costs and the expanded coverage.

INTRAV administers various excursions which are made available to CMS members. For more information, contact the CMS office or INTRAV, at 1-800-234-6900.

CIM

to the editor

Editor:

Re: American College of Radiology position on RBRVS

The position of the American College of Radiology calling for an "experience based" RVS might be renamed. I would call it an RVS 'based on the perpetuation of historical inequities!'

Primary care physicians have long been undercompensated relative to procedure intensive specialists, enduring not only insufficient compensation but even reduced esteem and life expectancy!

Widely forecast shortages of primary care specialists in the face of an impending physician glut suggests that "experience" is instructing us that there is something in need of correction here.

Thomas J. Allen, M.D.
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The Stresses of Caring: Part 2

by Glenn Swogger, Jr., M.D., Senior Psychiatric Consultant, Center for Applied Behavioral Sciences,
Menninger Foundation, Topeka, Kansas

Reprinted from *Physician Executive*, July-August, 1988

"Our calling as physicians resonates with very deeply held values and satisfactions. The physician's role is also associated with some special stresses and vulnerabilities. Each of us must find a way to balance this combination of rewards and pressures in terms of our own unique personality structure and life stage. The following personal summary of the satisfactions and stresses of caring may be useful to others in managing that individual balancing act."

Editor's Note: In the November 15 edition of *Colorado Medicine* we presented part 1 of an article on how physicians deal with the stresses caused just by being who they are. Dr. Glenn Swogger, Jr. made a case for the way work roles form a physician's sense of identity, how the prestige and the time demands have a two pronged effect on the healer's personality. On the one hand, it is tremendously satisfying to be wanted, needed and trusted; the other side of that coin is, for example, the guilt feelings caused by "deserting" patients when moving to another city or changing careers which can seriously hamper the doctor's well being. In part 2, Dr. Swogger gives us some hints on how to maintain the precarious balance necessary for mental health and effectiveness as a physician.

Conscientiousness helps us understand Dr. Borg in the movie "Wild Strawberries." In one scene, he is sternly ordered to take an examination and flunks the first test question, "What is a doctor's first duty?" The answer: "A doctor's first duty is to ask for forgiveness." A strange answer for a profession of service to others — yet understandable if we recognize the role of a sense of guilt in the personalities of physicians.

If we understand this psychological constellation, we can also understand physicians' special vulnerabilities to malpractice lawsuits. Our experiences at the Menninger Foundation in working with physicians who are being sued, and their spouses, has convinced us that the emotional impact of litigation is often profound. After an initial reaction of profound shock and disbelief, physicians often experience extreme guilt, self-doubt, shame depression, and, not infrequently, suicidal thoughts. For conscientious physicians, the allegation of wrong-doing is emotionally equivalent to the reality. One physician in our group described how he felt so ashamed about being sued that he avoided the doctors' lounge at his local hospital for two years until the case was over. Whatever the outcome of litigation, its psychological impact may often lead to inhibitions of functioning in physicians — for example, overcautiousness in surgery. For some

physicians, it has led to career changes. Our experiences are supported by the work of Dr. Sara Charles, a psychiatrist who has reported her research on physicians sued for malpractice, along with her own experience as a defendant in a malpractice case, in a moving book entitled *Defendants*.³

There are some helpful responses that are available for this problem. For one thing, the medical community can destigmatize the role of being a malpractice defendant and offer a variety of informal and structured support systems. These may include a hotline organized by the

county medical society, in which a physician who has just been sued may talk with other physicians about how to handle the situation; support groups for physicians; and aid in learning the ropes of the litigation process. The spouses of physicians are also in a position of significant stress and can benefit from such efforts. It is important for physicians individually to overcome their sense of shame and be able to appropriately discuss their situation with colleagues and friends in the event of litigation, both to seek practical advice and to have a chance to ventilate and gain emotional support.

The Question:
"What is a doctor's first duty?"

The Answer:
"A doctor's first duty is to ask for forgiveness."

I mentioned earlier that part of the satisfaction of our role has to do with the special qualities of the doctor-patient relationship. It is not infrequent for physicians to have a need to care, a need to be needed. In some ways we like to have others dependent on us. In part this is because it is difficult for many physicians to take a dependent role themselves. Sometimes in the life histories of physicians, we find evidence of childhood origins of the need to be needed: situations unhappiness and neglect, illness in the physician as a child or in a significant family member, or loss of family members. It reflects the strength and resiliency of the human personality that these tragedies can be turned into motivations for such a productive role,

but there is also the danger that the balance between altruism and personal needs can become disturbed. In the course of studying the life histories of physicians and some of their psychological vulnerabilities, George Vaillant has written, "Medicine becomes a strain only when the physician asks himself to give more than he has been given...doctors need permission to cherish themselves and admit that they too have needs."⁴⁻⁵

The need to be helpful also produces inevitable disappointments. Sometimes the need to be helpful expands into a wish to be omnipotent, to always win the battle against disease, to do everything for our patients. Despite the fact that we all know that sometimes disease and death are inevitable and that not all patients cooperate with their treatment, physicians may experience intense feelings of disappointment and disillusionment in the face of these difficulties. Sometimes our patients collude with us in demanding and expecting miracles—drugs with no side effects, treatments with no risk, the perfect cure for every disease. Sometimes our best efforts simply aren't enough. And sometimes we make mistakes. All of these forces may lead to emotional lows that result in agonizing self-questioning, or career reappraisal.

As with other demanding and gratifying roles, it's also easy to want too much of a good thing. Skilled physicians are both pulled by the satisfactions they get and pushed by their own consciences toward overcommitment. The professional arena, in which we are in control and know how to play the game and win its rewards, can also be used as a way of avoiding other areas in life. If free time is filled with restless boredom rather than meaningful avocations, when family relationships are problematic or even painful, it is very easy to move to where one feels more secure. This process can become a vicious cycle. If family relationships are neglected, grudges and resentments, unresolved problems, and missed opportunities pile up. "Reinvolvement" becomes even more difficult, and attempts by the physician to do something may be greeted initially by an outburst of pent-up anger and resentment. It also happens that families learn how to get along without us. Family members find satisfactions in other relationships, and the family reorganizes its emotional ecology so that eventually the overworking member may feel isolated

in his or her own home. As one corporate executive stated this problem, "When I go home, my wife is at the country club and my kids at their school activities. I try to talk to the dog—and the dog walks away!"

Professional life may bring its own brand of isolation. Despite the physician's constant contact with patients, colleagues, hospital personnel, and office staff, the chances for real contact or relatedness may be limited. Sometimes our very busyness covers this up. Some physicians try to assuage their loneliness by their relationships with patients, but such relationships are a curious mixture of intimacy and distance. Patients, on the one hand, give us special access to their bodies, thoughts, and feelings. Yet we are bound by our professional ethics to maintain our special role. If a physician feels isolated from his or her family, more time may be spent with the "office family." It is in this context that affairs with colleagues or patients occur, sometimes with disastrous personal and professional consequences. Drug and alcohol abuse, so common in physicians, occurs in part as an attempt to relieve feelings of depression, overwork, and isolation.

The families of physicians experience their own special stresses. Such families organize around nurturing physicians and getting along without them. They may feel very proud or even overawed by the importance, dedication, status, and financial rewards of the spouse or parent. They may feel guilty about making their own demands for time, attention, and emotional involvement. Family members sometimes wonder what they have to do in order to get the physician's attention. There is the no doubt apocryphal story about the son of a psychiatrist at the Menninger Foundation whose goal was to grow up and be a patient! Spouses may very well recognize the stresses and burdens that their partners are facing, but may feel helpless to do anything about them. And they find their probes and inquiries met by the physician's fatigued irritability.

Physicians, in turn, may have difficulties in accepting their family's support, because it is often more easy for them to give emotional support than to receive it. At least this is so on an explicit basis. However, physicians often implicitly expect their spouses to always be available as a bulwark of support and dependability. Because of this, they may

have real difficulty as their spouses begin to develop other interests and commitments during mid-life—an educational program, a new job, or a career effort. Such changes within the family may uncover long-standing gaps in family relationships and force all concerned to take a close look at them.

All of this means that the medical profession, for all its rewards and satisfactions, can be a difficult and demanding choice. And some may find their burdens unbearable or decide that other choices may be more acceptable. Before such a course of action becomes advisable, every alternative action should, of course, be taken. No job is without stress, and the move made in haste may be a very bad move indeed. C/M

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MEDICAL NEWS

D. U. Offers Course in Managed Health Care

(Denver, CO) University College, at the University of Denver, will offer the course, "Managed Health Care Dynamics" for winter quarter 1989. This course is for all health care professionals who are committed to a long-range view of a complex and changing industry. Managed health care will be taught by a panel of highly respected and influential industry leaders. Kay Phillips, the College's Health Care Division Director, says "Managed Care is the hottest new field in the health industry, but at the same time the least understood. To my knowledge, there are no other universities in this region offering a complete program in managed care."

According to Dr. Peter Warren, Dean of University College, "This may be the only time this calibre of individuals can be brought together in one five-week course." The course faculty are:

Nick Hilger, President - Swedish Medical Center.

Kris Roberts Abbott, Executive Director - Lutheran Medical Center Joint Venture

Eric Sipsf, President - COMPRE-CARE

Jim Cameron, V.P. & General Manager - CIGNA Healthplan of Colorado

David West, Director of Programs - Colorado Department of Social Services

Herbert L. Jacobs, M.D. - Colorado Business Coalition for Health

Marilyn Taylor, Vice President - Human Resources, Public Service Company of Colorado

Panel topics will include managed care from a provider's prospective discussing

issues in networking between doctors and hospital administrators; from an insurer or third party payor perspective; and from a business perspective.

The class meets every Wednesday night from 6-10 p.m., beginning January 2, for five weeks. This is the first course offered as part of the core requirement for the Managed Health Care Certificate program. However, the course can be taken on a one-time basis for non-credit.

C/M

Clinical Pathology Group Opposes DHHS Proposed Personnel Rules;

(Washington, D.C.) The American Society of Clinical Pathologists have written opposition to the HCFA Administrator, William Roper, M.D., concerning the proposed elimination of credentialing and experience requirements for most laboratory personnel. The proposed rule, published August 5, 1988, would consolidate the existing Federal regulations for hospital, independent, and interstate laboratories, basing quality assurance on outcome measures, thus eliminating most personnel credentialing requirements. The new regulation would depend heavily on proficiency testing (the use of unknown samples) to measure the lab's performance.

ASCP's President Joseph Keffer, M.D., supported HCFA's attempt to improve quality assurance and to update clinical laboratory requirements, but called the elimination of qualification standards for individuals performing the testing a "serious risk," especially "in view of the recent Congressional concern about the quality of clinical laboratory testing." The ASCP urged HCFA to put off the decision to change personnel standards

until the results of the Congressionally mandated study to examine the correlation of personnel standards with laboratory performance, required by the recently enacted laboratory quality assurance bill, H.R. 5471, are received in May, 1990.

In the written comments, ASCP's Dr. Keffer stated that "While proficiency testing is an 'excellent educational tool,' leaders in laboratory medicine 'recognize the limitations of such programs and the importance of a structure which includes a number of other laboratory quality assurance mechanisms including record-keeping, procedure manuals, quality control, and personnel standards.'"

C/M

AMA to Conduct "Prior Authorization" Adverse Impact Survey

(Chicago, IL) AMA will be mailing a questionnaire to a representative national sample of practicing physicians in an effort to determine precisely how third-party payor "prior authorization" and retrospective utilization claims review programs may be adversely impacting upon medical practice and clinical decision making and to what degree such programs have increased administrative pressures on physicians and their office staffs.

The survey is being conducted by AMA's Council on Medical Service. Findings will be beneficial in guiding the Federation toward addressing and alleviating whatever problems are being experienced with either public and private payor review programs.

C/M

AARP Strong Supporter of RBRVS Concept

Mandatory assignment "must be an integral part" of any new fee schedule based on an RBRVS, the politically influential American Association of Retired Persons (AARP) insisted in its testimony before the Physician Payment Review Commission (PPRC) recently. The AARP is a strong supporter of the RBRVS concept. "The Harvard work represents a valuable beginning on which to build a more rational payment system, one that is equitable for both physicians and patients," Marilyn Moon, Director of the AARP's Public Policy Institute, said in her appearance at the PPRC's preliminary hearings on the Harvard study.

"A reasonably fair and equitable payment system must be viewed as payment in full," if such a Congressional plan emerges, she said. "It would make no sense to argue that a fee schedule that organized medicine has helped to design and that is, as far as humanly possible, fair and objective should not also be binding."

Before making any refinements in the RBRVS, the PPRC should first proceed to make reliable estimates on how the proposed payment plan would impact upon beneficiaries, AARP contends.

AMA repeatedly has opposed the concept of mandatory assignment. It reiterated this opposition and the reasons for it at the PPRC hearings. Alan R. Nelson, M.D., AMA's President-Elect, stated the Association's support for indemnity fee schedules under which Medicare establishes what it will pay and the physician sets a fee based on the circumstances of his or her practice.

There should be no limitation on balance billing under a Medicare fee schedule, Dr. Nelson said. "There is nothing about an RBRVS that makes limitations on balance billing appropriate," he said. "Indeed, the contrary is the case."

He pointed out that an RBRVS-based payment system cannot recognize differences between physicians in patient mix, quality, or practice costs and cannot measure or place a value on experience, dexterity or ambience. Nor can it account for local market conditions that affect access to care. He called specific attention to the high rates at which physicians

are accepting assignment during a period of increasing payment controls.

Dr. Nelson also stated AMA's belief that the price consciousness of both patients and physicians will increase under a simplified fee system based on indemnity principles. Medicare's payment system would be readily known to both parties and the degree of patient liability, if any, would be apparent through a comparison of this amount and a physician's usual charge.

Dr. Nelson said such a system would increase Medicare patients' demands for price information; facilitate provision of fee information; increase the frequency of substantive fee negotiations between physicians and patients; and also increase the level of price competition in physician services for Medicare beneficiaries.

C/M

PPRC to conduct study

The Physician Payment Review Commission (PPRC), a body of prominent physicians and health policy experts created by Congress to make recommendations on Medicare reform, will conduct a survey of physicians for a 1989 report to Congress. The survey will attempt to obtain data not available from other recent studies on practice costs, Medicare assignment patterns, the use of certain diagnostic services, and the allo-

cation of physicians' time. The PPRC is promoting this survey as a method of allowing physicians to have a direct input into the Medicare reform process.

Approximately 6,000 physicians will be contacted at random by Westat, Inc. and may respond by mail or by telephone. Participating physicians may obtain a copy of the study report, however, individual responses will be strictly confidential.

Questions about the study may be directed to Herschel Goldfield, PPRC Project Officer, at (202) 653-7220. C/M

Elections - Colorado physicians

Dr. W. Gerald Rainer, a medical staff member at St. Joseph Hospital, was elected president-elect of the Society of Thoracic Surgeons at the society's recent 24th annual scientific session in New Orleans.

Rainer has served on numerous committees of the society and was its secretary for five years. The 2,600 member Society of Thoracic Surgeons serves as a scientific and educational forum for heart and lung surgeons.

Dr. Leonard Hellman, medical director of Mercy Senior Health Center, has been elected to the board of Denver Mobility. He has served two years as a board member and vice chairman. C/M

CALENDAR NOTES

CMS

December 2

10:00 am - Medical Executives

12:30 pm - Finance Committee

2:00 pm - Board of Directors

December 8

Task Force on Peer Review

December 13

6:30 pm - Medicare

6:30 pm - Task Force on Compac

December 14

3:00 pm - Committee on Health Issues

of Senior Citizens

6:30 pm - Task Force on AIDS

Non-CMS

Rocky Mountain Regional Conference on AIDS

"Medical and Psychosocial Interventions for HIV Infection"

January 27, 28, 1989

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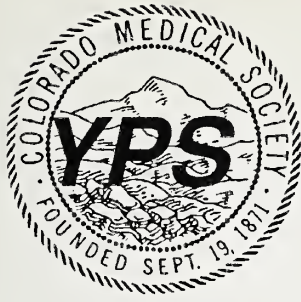
Colorado AIDS Project

Colorado Department of

Health

Denver Department of Health

Send \$95 Registration fee (\$75 before December 15, 1988) to AIDS Conference, P.O. Box 18529, Denver, CO 80218. Phone Peter Ralin at 893-6300 or Ann Shields at 837-0166 for more information.



CMS Young Physicians Section Breaks Ground in Denver With “Natural Science Ambassadors” Program

At a recent program hosted by the Uptown Optimist Club of Denver at the Denver Athletic Club, Robert M. Bogin, M.D., joined Denver's Mayor Federico Peña to honor outstanding high school youth. Dr. Bogin is chairman of the CMS Young Physicians Section and a strong proponent of the YPS “Natural Science Ambassadors” program.

The “Ambassadors” are going into the primary and secondary schools to urge young people to continue their studies in the sciences. Dr. Bogin joined Mayor Peña and Denver Board of Education Vice-president Judith Morton in saluting the outstanding students from Denver's Alternative Education Program.

The CMS/YPS-inspired “Natural Science Ambassadors” program has been recognized nationally by the AMA, and chosen as a model for a national program of physicians reaching out to the classroom to encourage young men and women to pursue careers in the sciences. In Colorado, four such YPS classroom talks have been scheduled for Denver schools before the end of the year.



(l to r) Anna-Marie Leyba (one of four students from the Metropolitan Youth Education-Ellsworth Center honored), Mayor Peña, MYE-Ellsworth Principal Ms. Betty Emerson and Dr. Rob Bogin. Ms. Leyba is the mother of a three-month old child and was recognized for her determination to complete high school training despite the domestic obstacles

C/M



All proud and happy smiles after (l to r) Denver Mayor Peña awarded Certificates of Recognition to students Ernest Higgs, Monica Black and Jimmie Monaghan. School Board Vice President Judith Morton and Ellsworth Center Principal Betty Emerson shared the enthusiasm.



CMS Young Physicians Section Chairman Rob Bogin, M.D., with Denver Board of Education Vice-president Judith Morton as they discussed the “Natural Sciences Ambassador” program of the YPS. Jim Regan, M.D., of Denver is the chairman of the “Ambassadors” program.



We're cheering for Suzie!

Three years ago, an automobile accident left 16 year old Suzie in a deep coma and four other family members seriously injured. A high school cheerleader, she suffered a severe head injury. Doctors told her father that Suzie could stay in a coma for years and gradually waste away.

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The story is real. So are the people who helped make Suzie's recovery possible. They're Mediplex-Rehab people. They're committed to helping their patients regain their independence.

At Mediplex - Rehab Denver, we know of the obstacles that stroke and traumatically brain injured victims face every day. We know how hard it is to relearn even the most elementary task. We know of the long strenuous hours it takes to help these patients overcome the emotional as well as physical limitations they have encountered.



It takes hard work from our doctors, nurses, and staff, but we do it, no matter how small the task. Why? Because, we know there are a lot of Suzies out there, just waiting to rebuild their lives.

Mediplex - Rehab Denver is one of three strategically placed rehabilitation centers operated by The Mediplex Group, a recognized national leader in the field of intensive and comprehensive rehabilitation therapies. We have recently opened in Denver in a totally new, state of the art facility.

If you know of someone who needs help in the areas of stroke, traumatic brain injury or other conditions requiring rehabilitation, why not give us a call. We would be more than happy to meet with you.

In the meantime, we're going to keep on cheering for Suzie, and you should too!

Mediplex-Rehab Denver
8451 Pearl Street
Thornton, Colorado 80229
Telephone: (303) 288-3000

CMS Member Benefits: A Standard of Performance

After five years as an exclusive CMS member service, Maryland Bank N.A. continues to improve services for Gold MasterCard cardholders

*by Bill Pierson,
CMS Director of Communications*

Colorado Medical Society Gold MASTERCARD® Adds New Benefits and Upgrades Several Others

A new benefit has been added to the Maryland Bank N.A. (MBNA ®) CMS Gold MasterCard, and several other benefits have been upgraded for increased convenience and performance. One of the things that has incessantly bothered me about car rentals is the additional insurance provisions required by the rental company contract. Should I or should I not agree to these extra charges for collision and loss damage? What about my personal property and personal accident insurance? Generally, when I am renting a car I am in a hurry. And I certainly don't like the pressure of reading a (very) small print contract when I am standing at a rental counter with others in line behind me.

The new Gold MasterCard benefit - MasterRental™ - replaces the Rental Car Deductible Reimbursement Coverage. MasterRental is a comprehensive rental car insurance that automatically goes into effect when using the CMS Gold MasterCard for payment. No more accepting or denying the rental company's insurance when signing the rental agreement. Pay with your CMS Gold MasterCard and you will receive coverage for:

- Collision/Loss Damage Insurance up to the full value of the rental car.
- Personal Effects Coverage up to \$1,500 against theft or damage to personal effects while such personal effects are in transit or in any hotel or other building while en route during a trip using the rented car. Coverage is provided for cardholders and any immediate family members traveling with them.

- Personal Accident Insurance up to \$250,000 covers the cardholder and any passengers in the rental car for the entire car rental period.

In addition to MasterRental™, many of the regular benefits of the CMS Gold MasterCard have been upgraded to increase the convenience and performance of the card.

Over 6 million locations worldwide now accept the Gold MasterCard. Cash access through MasterTeller® has grown to over 18,000 Automated Teller Machines and will soon be linked to the CIRRUS ATM network, which will provide over 30,000 ATMs in up to 12 countries.

Another relatively new cardholder service which I recently found to be of help is MasterAssist™, the 24-hour telephone service center which provides travelers with a worldwide network of physicians, hospitals, legal advisors and administrative agents to assist in any emergency outside a 100-mile radius from home or outside of U. S. borders. This center also provided me with a 24-hour toll-free personal message service, wherever I was able to get to a telephone.

Here are the standard features of the Colorado Medical Society Gold MasterCard:

- A higher line of credit - up to \$15,000
- Up to \$1,000,000 Travel Accidental Death and Dismemberment Insurance Protection (automatic when you charge your transportation to your CMS Gold MasterCard).
- Lost Luggage Protection up to \$3,000 (previously \$1,000 on luggage and personal effects).
- 24-hour Traveler's Message Center (wherever you travel, wherever you are you can call a 24-hour toll-free telephone center and record or receive

your personal messages).

- Emergency Cash and Airlines Tickets
- Flexible Payments
- Payment Holidays
- Emergency Card Replacement
- Free Additional Card (Obtain an extra card for a qualified family member at no additional cost, while some issuers may charge fees up to \$30 for this service.)
- Lost Card Registration (On receipt of your Gold MasterCard, simply place a call to the toll-free customer service number and tell the representative you wish to register your cards with MBNA. You'll receive a confirming form through the mail for your signature, and MBNA will take care of the rest at no charge to you. In case of loss or theft, MBNA will notify all of your registered credit card issuers and request replacement cards for you.)
- Premium Access Checks™

Of prime importance ... the Colorado Medical Society Gold MasterCard is issued free of an annual fee for the first twelve months. Then, the annual fee is \$30, considerably less than other such prestige cards. It has an **annual percentage rate of 15.9%, reduced to 14.9% on the portion of the average daily balance greater than \$3,500.**

CMS member-applicants receive a simple 5-question form, and will receive speedy consideration and notification on return of the form. If you'd like information or an application, call 1-800-847-7378. Please provide the priority code **BECE** when calling.

C/M

Information Summary:

Concerning Experimental Animal Tumors Associated with Silicone Gel

The following information supplied by the Dow Corning Corporation

This statement is intended to provide more information and key literature references concerning tumors at the site of silicone gel implanted in laboratory rats. This effect in rodents does not indicate a significant risk to human health.

Dow Corning Corporation started the biologic evaluation of silicones more than 30 years ago and in 1962 began the manufacture of medical devices at the request of the medical community. Today, Dow Corning makes silicone implants for use in orthopaedics, neurology, plastic and reconstructive surgery, and a number of other medical specialties. Millions of these medical devices implanted in humans since 1962 have helped improve the quality and duration of life for these patients. Throughout this time Dow Corning has conducted studies to assess the safety and efficacy of silicone devices as part of its recognized responsibility to patients, physicians and the FDA.

As part of this continuing process, the company initiated its most recent long-term animal study of silicone gel in late 1985. In August, 1987 the company compiled interim data. These data were reviewed by Dow Corning scientists and by a panel of noted independent experts in the areas of toxicology and cancer research. The interim findings were reported to the FDA in August, 1987. The final results were reviewed by the same expert panel prior to submission of the final report to the FDA on November 2, 1988.

An analysis of the data showed that one quarter of the rats had tumors at the site of gel implantation. The tumors were diagnosed as sarcomas, most of which were fibrosarcomas. All aspects of the response including tumor incidence, latency period and

histopathologic type are consistent with a phenomenon known as solid state tumorigenesis (SST) which is also called the "Oppenheimer effect." This effect was first described in 1941 and then extensively investigated by the Oppenheims and by Dr. Gerhard Brand, the leading contemporary expert in this area. These and other investigators demonstrated in mice and rats that all relatively inert alloplastic materials such as cellophane, nylon, glass, metals and silicone elastomer induce sarcomas at the implantation site in rodents, provided the size of the implant is sufficiently large. The effect is independent of chemical composition as supported by genetic toxicity testing of the silicone gel showing no effects.

Dow Corning scientists and the panel of independent experts concluded that the sarcomas were an expected response in accord with the many studies describing the SST effect published over the last 40 years. They also concluded that this effect in rodents does not indicate a significant risk to human health.

In October, 1988 Dr. Brand published a paper in which he concluded that the incidence of implant related cancer in man will be extremely rare. This conclusion is based on his finding that the rodent cell-type involved in the SST effect has an inherent genetic instability while no such instability could be found among implant-associated cells in humans. This and other research by Dr. Brand led him to state, "This means that implant associated cancers are very unlikely in humans, regardless of the kind of implant material employed."

There is also direct human evidence. In 1986 Deapen and others published the results of an epidemiol-

ogic study of over 3,100 women who had received silicone breast implants. Among these women no local soft tissue sarcomas were seen and there was no excess of ordinary breast cancers. A 5 year update of this study is nearing completion. Again, no increase in local or breast cancer has been found.

If the SST effect applies to man, then there should be substantial evidence of sarcomas associated with a variety of surgical implants and with unrecovered bullets, shell fragments and other foreign materials as the result of warfare and accidents. There are very few such published reports.

Dow Corning is committed to contributing to improving the quality and duration of human life. The company will continue to use all reasonable means to assure the safety and efficacy of its products.
November 11, 1988

Oppenheimer, B.S., Oppenheimer, E.T., and Stout, A.P.: Sarcomas Induced in Rodents by Imbedding Various Plastic Films, *Proc. Soc. Biol. Med.* 79:366-369, 1952.

Brand, K.G., Johnson, K.H., and Buoen, L.C.: Foreign-Body Tumorigenesis. *CRC Crit. Rev. Toxicol.* 4:353-394, 1976.

Brand, K.G.: Foam Covered Mammary Implants, *Plast. Reconstr. Breast Surg.* 15:533-539, 1988.

Deapen, D.M., Pike, M.C., Casagrande, J.T., and Brody, G.S.: The Relationship Between Breast Cancer and Augmentation Mammoplasty: An Epidemiologic Study, *Plast. Reconstr. Surg.* 77:361-367, 1986.

Silicone Breast Implants—A Cancer Threat?

by David M. Knize, M.D., Plastic Surgeon

The recently publicized rat study linking implanted silicone to the development of cancer has been misapplied to the risk of developing breast cancer in humans who have undergone breast implant surgery. When any solid material is implanted in the rat, a sarcoma frequently forms, a response (solid state tumorigenesis phenomenon) that is particular to a rat. To make this very point a few years ago, Dr. George Moore at Denver General Hospital presented a humorous paper which he entitled "Money Causes Cancer," describing how he could induce sarco-

mas in rats by simply implanting a coin (as I recall, it was a dime) into the rat's body.

Current data for humans indicates that no type of breast cancer is more common in females with silicone implants than in women without these implants. Approximately two million females have now received silicone breast implants for either cosmetic breast augmentation or breast reconstruction following mastectomy over the past twenty five years.

If silicone carried a specific risk to humans for inducing any form of cancer, persons with pacemakers, arti-

ficial joints, and insulin dependent diabetics would show an increased incidence of cancer development. It is estimated that insulin dependent diabetics, who are injected with silicone lubricated syringes, have as much silicone implanted into their bodies over a lifetime as a woman who has breast implants in place.

The Public Citizen Health Research Group dramatically over reacted to the results of a limited study of implanted silicone in rats and misapplied the results to the human female who has had silicone breast implant surgery.

C/M

Information on The Safety of Breast Implants

Provided by: **The American Society of Plastic and Reconstructive Surgeons**
and
The American Society for Aesthetic Plastic Surgery

Approximately two million women have breast implants, either for aesthetic breast augmentation or breast reconstruction following mastectomy. While breast implants have been widely used and studied since the mid-1960's, there are occasions when newly publicized research or inquiries in the media raise questions for the public about the safety of implants. Based on 25 years of experience with breast implants, plastic surgeons are confident that women who have had breast augmentation or reconstruction surgery, or are considering such procedures, face no significant risk of developing cancer as a result of breast implants.

Breast implants have never been shown to cause any form of cancer in humans. Studies have monitored over 3,000 breast implant patients for up to 25 years following surgery. These studies have shown that women with implants have no greater incidence of cancer than women without implants.

Implant studies involving rodents and other types of laboratory animals, when improperly interpreted, are misleading. It is well known in the scientific community that every solid material which has been implanted in laboratory rodents has initiated tumor growth. These tumors are of a specific type called "sarcoma" or "solid state" tumors, and they are a common reaction in these particular animals to the introduction of a solid foreign

body. The important fact is that there has never, in 25 years, been a single documented case of sarcoma tumors developing in human beings as a reaction to breast implants.

It is also important to note that some scientific studies have reported the effects of silicone gel which has been directly injected or implanted, in substantial quantities, into animal subjects. Plastic surgeons do not advocate silicone injections for breast enlargement. Silicone gel used for breast implants is encased in a silicone shell to which no adverse reaction in humans has ever been indicated. While minute quantities of silicone gel have been shown to bleed through the envelope over time, there is no evidence that this poses a health risk.

C/M

MONEY, MONEY, WHO'S GOT THE MONEY?

Many CMS members wonder exactly where the organization funds come from and how they are spent. Here is a brief breakdown on how the figures add up and where the dollars are spent as CMS works for you.

CMS derives income from five sources: dues revenue, non-dues revenue, interest income, advertising and directory sales, and miscellaneous revenue. As you can see, the individual CMS member is our principal means of support.

Some members wonder "How is the non-dues revenue spent?" As you can see in this budget, there is not a lot of this sort of income. That is due to the fact that CMS does not sponsor commercial services as a profit making enterprise. Most income from sponsorships goes toward advertising the service in *Colorado Medicine*. No service is sponsored by CMS before it is carefully scrutinized to determine its value to the members. Other revenues derived from service sponsorship go into the general fund. This reduces the cost of administering member services and programs.

CMS expenses are budgeted according to three divisions and departments within those divisions. These functions of the Society are categorized into program, legislative and administrative, and they help carry on the CMS mission as the leader in advocating excellence in the profession of medicine and in

the provision of medical care in Colorado.

The CMS Board of Directors continues to be fiscally prudent and responsible to its membership. Programs and operations are consistently monitored to insure budget compliance and to protect the future of the Colorado Medical Society.

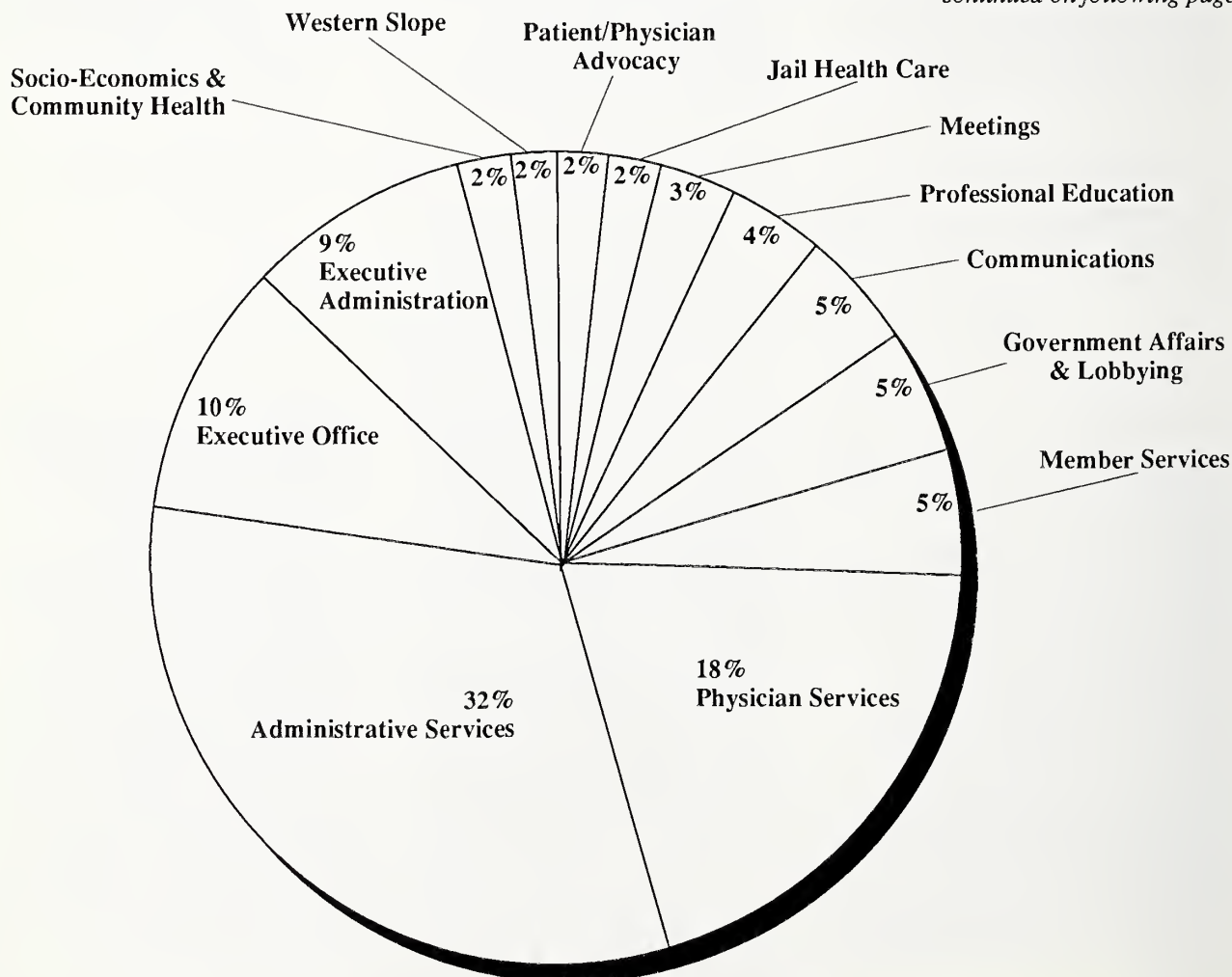
C/M

CMS EXPENSE BUDGET

For the October 1, 1988 - September 30, 1989 fiscal year, CMS has adopted the following expense budget by division and department:

Division/Department	Percentage of Total Budget
EXECUTIVE OFFICE DIVISION	
General & Administrative (Salaries & Fringe Benefits)	10%
Department of Executive Administration	9%
Board of Directors & Officers	
Medical Executives Group	
Judicial Council	
Long Range Planning	
AMA Meetings	
Auxiliary	
Colorado Health Careers Council	

continued on following page



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December 15, 1988

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Justice Department Antitrust Warning: **Follow the Rules**

AMA Update, Interim Meeting Proceedings:

**House of Delegates Considers RBRVS Proposal
AMA Prepares Suit Against HCFA**

CMS Inside Washington:

**Where is the Bush Administration Headed with
Health Care Issues, Budget Cuts, Physician
Reimbursement?**

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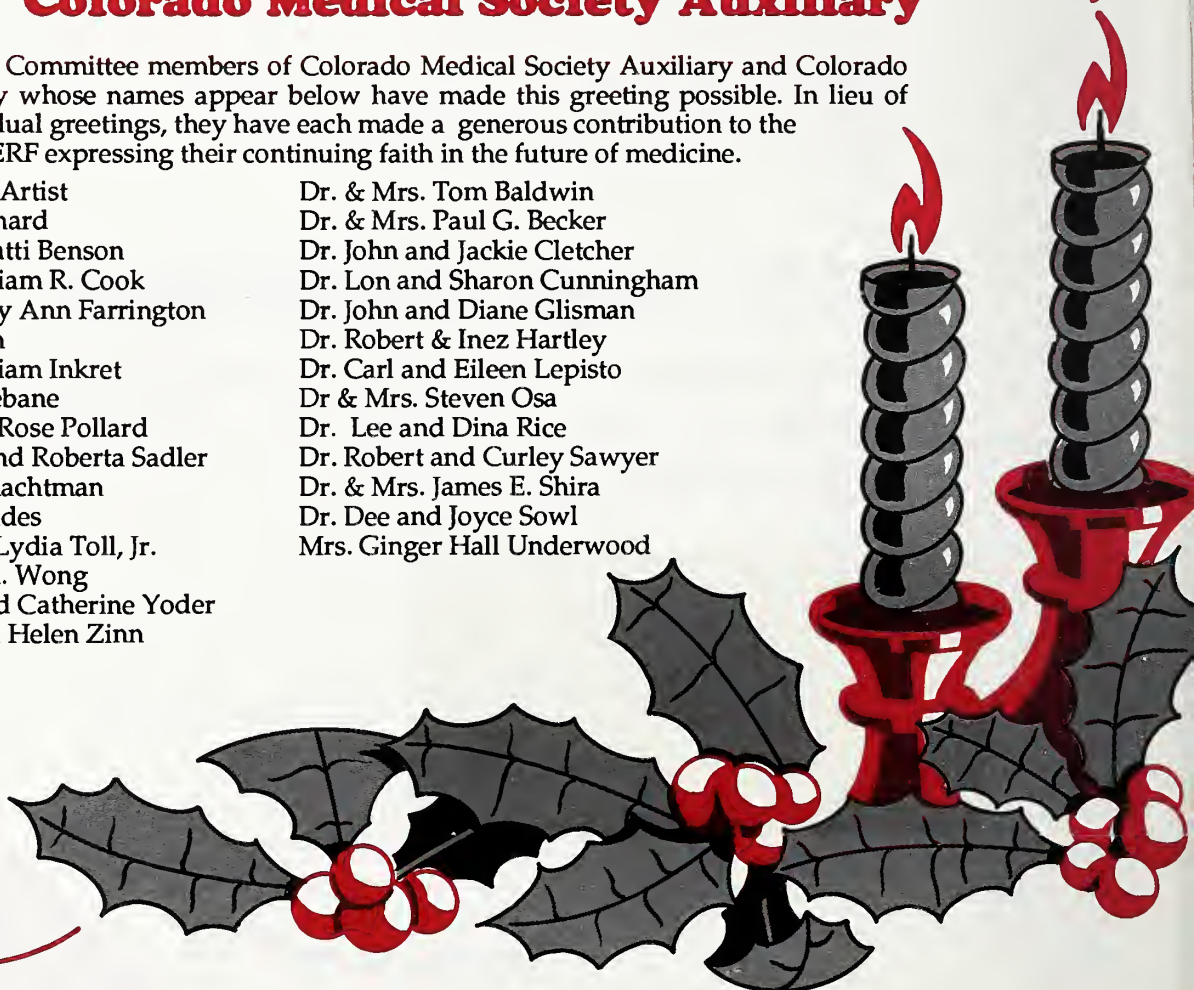
to each of our many friends and associates,

**from members of the Board of Directors
of the
Colorado Medical Society
and the
Colorado Medical Society Auxiliary**

The Board and Committee members of Colorado Medical Society Auxiliary and Colorado Medical Society whose names appear below have made this greeting possible. In lieu of sending individual greetings, they have each made a generous contribution to the CMSA/AMA-ERF expressing their continuing faith in the future of medicine.

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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 6061 South Willow Drive, Suite 250, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550.

Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

Harold F. Frye, Executive Editor
William S. Pierson, Managing Editor
Michael Thompson, Ass't. Editor

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AMA Interim Meeting considers Relative Value Scale

At the AMA meeting held in Dallas December 3-7, the Resource Based Relative Value Scale was the main topic for discussion and debate. This was the only agenda item for one Reference Committee. Testimony occurred over a 2 day period for a total of about 8 hours. I think everyone feels that all viewpoints were heard. There was no attempt to stifle or limit debate. The Reference Committee members did a superb job in listening and responding to all comments made. There was never any acrimony evident.

The action taken by the House of Delegates was in support of the Board of Trustees report. It was not adoption of the Harvard study by Dr. Hsiao. It did reaffirm current AMA policy in "support of adoption of a fair and equitable medicine indemnity payment schedule under which physicians would determine their own fees and Medicare would establish its payments for physician services using an appropriate RVS based on the resource costs of providing physician services."

Further expansion, correction and refinement of the Harvard RBRVS study is necessary before it could provide the basis of an acceptable medicine indemnity payment system. Areas in which this must occur include:

- appropriate restudy of the services of specialties whose RBRVS data have significant, documented technical deficiencies;
- fundamental improvement of the

measurement of practice costs and amortized specialty training costs;

- expansion of the RBRVS to more specialties and services;
- development of an extrapolation method for visits;
- revision, refinement, and expansion of the measurement of pre-and post-work;
- expansion and validation of the extrapolation methodology;
- development of expanded relative value estimates for services for which global fees are customarily utilized as standard definitions are developed and accepted;
- appropriate action to address concerns specific to individual specialties; and
- that the AMA work to establish a mechanism to ensure that additional concerns that may be identified are communicated to and addressed by the appropriate parties and external validation is conducted by the AMA.

In addition, there were several other aspects of the report which would positively affect Colorado physicians. There was a strong statement of support for continuation of balance billing and opposition to the Medicare Maximum Allowable Actual Charge (MAAC) limits. The AMA would also oppose any attempt to use this or any Medicare payment system to freeze or cut Medi-

care expenditures for physician services in order to produce federal budget savings.

Of particular concern to Colorado physicians are the geographical differences in the levels of reimbursement. For the first time, the AMA has gone on record as supporting only "valid and demonstrable differences in practice costs, including professional liability insurance premiums." This is a change because general cost-of-living and other factors would not be included. In addition, a "method of adjusting payments to effectively remedy demonstrable access problems in specific geographic areas should be developed and implemented." This will hopefully increase reimbursement in rural areas. There was considerable testimony from many rural states that levels of reimbursement in rural areas should be greater than urban areas to help with the access and physician maldistribution problems which now exist.

The Physician Payment Review Commission (PPRC) will make its own report to Congress by March 31, 1989. The AMA continue to have input into the process. We will have an updated report at the AMA Annual Meeting in June. At the CMS Interim Session in March, Dr. Robert McAfee, AMA Board member, will give us a then current update. We will continue to keep up to date on all further developments.

In the meantime, it is absolutely critical that the house of medicine stay united. It will only be through a united effort that we can get a fair and equitable Medicare indemnity payment system that does not undermine the independence of the medical profession, the autonomy of physicians in making treatment decisions for their patients and serves the interests of our patients.

***AMA did not adopt
the Harvard RBRVS
study...***

AMA Board of Trustees Report

concerning the Harvard RBRVS

CONCLUSIONS AND RECOMMENDATIONS

Ed. This is the conclusion of the report to which Dr. Hartley refers in the accompanying article, given to the Board of Trustees at the Interim Meeting of the AMA in Dallas December 3-7.

Continuing high rates of growth in Medicare expenditures for physician services, and mounting pressure to reduce the federal budget, have made Medicare physician payment reform a focal point on Congress' agenda. Congressional and Administration attention to physician payment has to date produced fee freezes, MAACs, inherent reasonableness cuts, and proposals for widespread capitation, DRGs, Medicare PPO's and expenditure caps. With the implementation of MAACs and inherent reasonableness cuts, the CPR system became moribund. The alternatives to CPR offered to date pose serious threats to the ability of physicians to continue providing high quality, accessible health care for their Medicare patients.

Medicine must have its own Medicare payment proposal. An RBRVS-based indemnity payment system has been viewed as a credible alternative and has already served the profession well in restraining some of the enthusiasm for more disruptive proposals.

The Board of Trustees has carefully evaluated the Harvard RBRVS submitted to the Health Care Financing Administration. The Board has also considered whether and how this RBRVS could be used as the basis for a new Medicare indemnity payment system. In particular, the Board has addressed several of the key policy issues that must be resolved if an RBRVS is to be used in such a system. This will not be the final Board of Trustees report on the RBRVS. The Board will continue to expend all necessary efforts to ensure both the successful expansion and refinement of the Harvard RBRVS and the appropriate use of these data by the PPRC and HCFA. The Board will, of course, report on the results of its efforts in a timely fashion. More refined and detailed AMA policy

on the issues considered in this report will only be possible with more definitive RBRVS recommendations from Harvard, HCFA and the PPRC.

Thus, policy decisions on the RBRVS and related issues will be critically dependent on the final Medicare RBRVS, on what the PPRC will recommend to Congress in April, and on the course set by President-elect Bush and the Congress. In order for the profession to influence the ultimate outcome, the position of Medicine must be clearly understood by all. Accordingly, at this time, the Board recommends that the following policies be adopted:

1. That the AMA reaffirm its current policy in support of adoption of a fair and equitable Medicare indemnity payment schedule under which physicians would establish its payments for physician services using:
 - a. an appropriate RVS based on the resource costs of providing physician services;
 - b. an appropriate monetary conversion factor; and
 - c. an appropriate set of conversion factor multipliers.
2. That the AMA adopt the position that the current Harvard RBRVS study and data, when sufficiently expanded, corrected, and refined, would provide an acceptable basis for a Medicare indemnity payment system.
3. That the AMA work with Harvard, the national medical specialty societies, the PPRC, HCFA, and other interested and knowledgeable parties, and the congress to refine and modify the Harvard RBRVS to ensure that it is technically adequate and can be implemented in a timely and minimally disruptive manner when needed revisions have been satisfactorily completed. refinement and completion of the RBRVS will require:
 - appropriate restudy of the services of specialties whose RBRVS data have significant, documented technical deficiencies;
 - fundamental improvement of the

measurement of practice costs and amortized specialty training costs;

- expansion of the RBRVS to more specialties and services;
 - development of an extrapolation method for visits;
 - revision, refinement, and expansion of the measurement of pre-and post-work;
 - expansion and validation of the extrapolation methodology;
 - development of expanded relative value estimates for services for which global fees are customarily utilized as standard definitions are developed and accepted;
 - appropriate action to address concerns specific to individual specialties; and
 - that the AMA work to establish a mechanism to ensure that additional concerns that may be identified are communicated to and addressed by the appropriate parties and external validation is conducted by the AMA.
4. That the Association reaffirm its strong support for physicians' right to decide on a claim-by-claim basis whether or not to accept Medicare assignment and its opposition to elimination of balance billing.
 5. That the AMA reaffirm its opposition to the continuation of the Medicare maximum allowable actual charge (MAAC) limits.
 6. That the Association promote enhanced physician discussion of fees with patients as an explicit objective of a Medicare indemnity payment system.
 7. That the Association expand its activities in support of state and county medical society-initiated voluntary assignment programs for low-income Medicare beneficiaries.
 8. That a Medicare indemnity payment system be implemented through a blending transition, in which physician payments would be determined in increasing proportion by an RBRVS-based indemnity payment

continued on following page

schedule and in decreasing proportion by the current CPR payment system, or prevailing charges only. The specific transition period should be chosen in order to strike an appropriate balance between minimizing disruptions for patients and physicians while also minimizing the complexity of the process. In addition, the effects of the new system should be monitored during the transition, with corrections made as needed.

9. That the AMA reaffirm its current policy that payments under a Medicare indemnity payment system should reflect valid and demonstrable geographic differences in practice costs, including professional liability insurance premiums. In addition, as warranted and feasible, the costs of such premiums should be reflected in the payment system in a manner distinct from the treatment of other practice costs.
10. That payment localities should be determined based on principles of reasonableness, flexibility, and common sense (e.g., localities could consist of a combination of regions, states, and metropolitan/nonmetropolitan areas within states) based on the availability of high quality data.
11. That geographic differentials should be addressed simultaneously with specialty differentials.
12. That, in addition to adjusting indemnity payments based on geographic practice cost differentials, a method of adjusting payments to effectively remedy demonstrable access problems in specific geographic areas should be developed and implemented.
13. That the AMA support the general principle that an RBRVS-based payment schedule should include differentials in payment for CPT codes where there are differential resource costs ("total work" and practice training costs) across specialties. The following criteria should guide the establishment of differentials for specific services;
 - a. When the resource costs are substantially different across specialties; and
 - b. When the relevant codes are not sufficiently precise to differentiate among the content or physician work of a service across specialties, and cannot be readily

refined to become so.

In addition, as few separate payment categories as possible should be established to minimize system complexity. In general, specialty differentials should be avoided except where absolutely warranted by resource cost data.

14. Specialty differentials should apply to all CPT-coded services for which a differential exists.
15. Where specialty differentials exist, criteria for specialty designation should avoid sole dependence on rigid criteria, such as board certification or completion of residency training. Instead, a variety of general national criteria should be utilized, with carriers having sufficient flexibility to respond to local conditions. In addition to board certification or completion of a residency, such criteria could include, but not be limited to:
 - Partial completion of a residency plus time in practice;
 - Local peer recognition; and
 - Carrier analysis of practice patterns.

A provision should also be implemented to protect the patients of physician

who have practiced as specialists for a number of years.

16. That the Association strongly oppose any attempt to use the initial implementation or subsequent use of any new Medicare payment system to freeze or cut Medicare expenditures for physician services in order to produce federal budget savings.
17. That whatever process is selected to update the RVS and conversion factor, only the AMA has the resources, experience, and umbrella structure necessary to represent the collective interests of medicine, and that it seek to do so with appropriate mechanisms for full participation from all of organized medicine, especially taking advantage of the unique contributions of national medical specialty societies.
18. That the Association strongly oppose implementation of Medicare expenditure targets, which will lead to the rationing of care for Medicare beneficiaries, and instead support constructive approaches to enhancing quality and appropriateness of care.
19. That this report be adopted in lieu of Resolutions 88 and 127 (A-88). *CM*



Thanks!

Colorado Medical Political Action Committee 1988 Election Tally of AMPAC/COMPAC Contributions

A total of \$33,250 was contributed to state legislative candidates; \$4,550 of this total went to candidates with no opposition to utilize for mailings to their constituents.

The American Medical Political Action Committee (AMPAC) contributed a total of \$45,000 to five congressional races. All of these candidates were successful in their efforts to seek re-election to the U. S. Congress. *CM*

AMA Prepares To Sue Health Care Financing Administration

(Report from AMA Interim Meeting, Dallas, TX)

AMA is prepared to sue HCFA to force resolution of continuing problems physicians are encountering under Medicare carrier enforcement of "medical necessity" regulations, but will defer action for 10 days to give the agency an opportunity to take acceptable corrective action, AMA's House of Delegates was informed on Monday, December 5, '88, at its Interim Meeting in Dallas. James H. Sammons, M.D., AMA's Executive Vice President advised that the Association has been contemplating the lawsuit as a means of obtaining judicial relief for the profession if HCFA does not respond to its continuing concerns about the ways the medical necessity provisions are being enforced. AMA has been negotiating with HCFA all year long in efforts to obtain resolution of problems that it believes could be alleviated by certain modifications in present carrier review procedures.

It intensified the negotiations late last month and requested an immediate meeting with William L. Roper, M.D., HCFA Administrator, and members of his staff so that it could

address its specific remaining concerns about unnecessary frustrations that both physicians and patients have encountered because of overzealous enforcement and premature issuance of claims denial letters. The meeting followed.

As a direct result of that meeting, Dr. Roper assured AMA, in a Nov. 30 letter, that HCFA has no current plans to abandon full development of claims before proceeding with any denial of unassigned claims for lack of medical necessity. It had initiated the claims development requirement in April at the direct request made by AMA in earlier negotiations. That request was backed by full documentation of the nationwide problems that were being experienced by thousands of physicians because of hasty issuance of claims denial notices. HCFA's stated intention to curtail the claims development process was one of the two major issues discussed at the late November meeting with HCFA. The other major issue addressed was Medicare carrier's reliance on screen and medical policy review guidelines which neither the profession nor Medicare beneficiaries

have been permitted to see or comment upon.

In his letter Dr. Roper noted that the agency has worked with AMA to make significant improvements to the medical necessity notice; has made significant contributions to the educational booklet, "MEDICARE CARRIER REVIEW," recently published by the AMA; and also has acted expeditiously to resolve individual problems that AMA had identified. He said HCFA is developing a proposed rule in the FEDERAL REGISTER that will require carriers to adopt a public notice and comment approach when developing future policy. In the interim, he said, it is preparing an instruction which will require carriers to implement such a process immediately. In commenting on the possibility of bringing legal action against HCFA, Dr. Sammons said Dr. Roper's letter "is a beginning, but is not enough." AMA will sue before the end of the year if HCFA appears unable or unwilling to expand and follow through on its promise, Dr. Sammons said.

The COLORADO MEDICAL SOCIETY 1988 PHYSICIAN'S DIRECTORY

has been published and is now available to those parties wishing to purchase the Directory. Additional copies are also now available to CMS members at \$25.00 per copy plus \$2.00 postage and handling. Make checks payable to CMS Physician's Directory and send check to:

Directory, CMS
P.O. Box 17550
Denver, CO 80217-0550

Non-members may purchase the Directory at \$67.00, pre-paid (this price includes postage and handling.)

Conjecture Running High in Washington on Future of Health Care Financing

Speculation on whether the administration will prevail in its intent to slash Medicare expenditures by \$5 billion next year and on the likely places where the threatened cutbacks would occur continues to dominate the medical economic news front. Reagan Administration sources and also others in or with close ties to the incoming Bush Administration have publicly stated that Medicare budget reductions of that magnitude are being eyed. Bush himself sidestepped the issues when queried by the news media, stating that he had not yet formulated his ultimate budget recommendations. The White House budget office is preparing a prospective Medicare hit list. Contemplated sources of savings are:

- pruning Medicare's share of capital costs for hospital projects from the current 85% to only 75% (\$1.5 billion)
- reductions in inflation payment allowances made to hospitals (\$725 million), which derive 40% of their revenues from Medicare
- eliminating the FT-1990 Medical Economic Index (MEI) for physicians (\$300 million) -- except for those in primary care -- and for clinical laboratories (\$109 million)
- reducing from 7.7% to 4.05% the supplement paid to teaching hospitals (\$1 billion)
- reducing fees for radiologists and anesthesiologists by 10% through the new relative value system for radiologists and new relative value guides for anesthesiologists (\$10-9 million); and
- reducing payments for "over-priced" procedures (\$90 million)

Whether Congress will go along with any budget proposal for such sharp cuts, however, is questionable since there have been repeated Medicare cuts for several years. Sen. Arlen Specter (R-PA), a member of the Sen-

ate Appropriations Committee, told the *Chicago Tribune* that he held serious doubts. While Congress clearly is concerned about the high cost of medical care, "I don't know that you can take any more out of Medicare," he said. On the other hand, Sen. Specter said he has received numerous complaints from his constituents about medical costs. Calling attention to reports that some physicians derive six-figure incomes through payments

"...if it comes out of Medicare, we have every right to limit the price of compensation."

Sen. Arlen Specter (R-PA)

for Medicare services, he commented: "I think if it comes out of Medicare, we have every right to limit the price of compensation." Asked for his perspective, Sen. James Sasser (D-TN), who is a top candidate to become Chairman of the Budget Committee, told the *New York Times*: "They're floating trial balloons to see how they fly. The Medicare trial balloon has been accepted very poorly." In his comments to the *Times*, Jack Owen, EVP of the American Hospital Association, was sharply critical. "Cuts of this magnitude," he stated, "show a wanton disregard of the health care needs of the elderly." John Rother, chief lobbyist for the American Association of Retired Persons, said the \$5 billion figure is a high one, but also one that's "certainly doable." But he cautioned that sizeable budget chopping would further the existing disincentive for physicians and hospitals to treat Medicare patients.

AMA and other concerned organizations are now considering strategies for dealing with the Medicare budget cut issue. One major step AMA plans to take is to build a coalition that will push for obviously needed Medicare reform to make the program fiscally sound. A bill based on an AMA proposal to reform the program was introduced by Rep. Charles Rose (D-NC) in the 100th Congress. Another AMA thrust will be to push for legislative approaches expanding access to care.

The limited options that government has in trying to reduce the budget deficit without raising taxes prompted poignant commentary by columnist George Will in the *Washington Post*, who scoffed at President-Elect George Bush's "no new taxes" campaign pledge. Will pointed out that only 12% of the federal budget is available for discretionary spending cuts under the Gramm-Rudman-Hollings bill since the rest of the budget is allocated to defense, entitlement programs and interest payments on the federal debt. The current Gramm-Rudman-Hollings budget deficit reduction target is \$35 billion. Said Will: "There is not a single vote in Congress -- not one -- for a budget that would take that from the 12% that is discretionary spending."

Also in the *Post*, Donald W. Davis, of the National Association of Manufacturers, urges a sharing of necessary sacrifices that includes tackling the sacred cows of defense, entitlements, and taxes. "Simply put, there is no other place to look," he says. Also urged was support for a responsible report from the bipartisan National Economic Commission to be endorsed by President-Elect Bush. The NEC report is targeted for release on December 21.

CIM

Public Poll Indicates Federal Deficit the Biggest Bush Problem

71% of the public identified the Federal deficit as the most important problem that must be attacked by President-elect Bush when he assumes office in January. An in-depth survey conducted in 13 cities by the Roosevelt Center for American Policy Studies has revealed. Results of the unusually thorough Presidential Agenda Project survey, which included issue briefings and options for addressing the issues, were announced in Washington at a press briefing November 29th. 49% of the respondents listed improvements in education and 32% cited improvement in energy and environmental policies as being the other most prominent priority issues the President should pursue.

"Respondents overwhelmingly believed that defense should be the No. 1 target for budget cuts"

The survey respondents overwhelmingly believed that defense should be the No. 1 target for budget cuts. 90% selected one of two options for paring defense spending. 46% supported a 10% cut and 44% favored an across-the-board 3% cut in all federal spending categories. Cutbacks in federal spending for foreign aid, Medicare payments to physicians and agricultural price supports and reduction in the size of the federal work force also were favored by a majority. Higher taxes on tobacco and alcoholic beverages, raising the top personal income tax to 33% and higher taxes on gasoline also were supported by a strong majority as preferred ways to boost federal revenues.

C/M

Washington Insiders See Mitchell as Senate Majority Leader a Plus

The election of Sen. George Mitchell (D-ME) as Senate Majority Leader can be viewed as a plus for the health sector since he has a good understanding of health issues that was whetted by the responsibilities he assumed as Chairman of the Senate Finance Committee's Subcommittee on health. Although Sen.

Mitchell has differed with the AMA on some health positions, he consistently has demonstrated a willingness to hear its viewpoints and has been readily accessible to AMA lobbyists. Mitchell's leadership style has been to seek consensus. He is developing a long-term health care bill and also is keen on environmental issues. Mitchell, a former U. S. district judge for Maine and executive assistant to Sen. Muskie there, has been in the Senate since 1980.

(Ed: The following came from Mr. Michael Ellis, Supervisor of Programs at the Family Health Center for the Hearing Impaired, part of United Way's Human Services program, who said he "saw it in a Georgetown [Washington, D. C.] bar and found it applies to a multitude of human relations". We agree. In Washington, however, this would not likely be found in a government office.)

A Short Course In Human Relations

The six most important words:

"I admit I made a mistake"

The five most important words:

"You did a good job"

The four most important words:

"What is your opinion?"

The three most important words:

"If you please"

The two most important words:

"Thank you"

The one most important word:

"We"

The least important word:

"I"

Anonymous

Antitrust Enforcement and the Medical Profession: No Special Treatment

(Ed: The following are excerpts from the remarks of Charles F. Rule, Assistant Attorney General, Antitrust Division, U. S. Department of Justice. Mr. Rule addressed the AMA House of Delegates at their Interim Meeting in Dallas, Texas, December 6, 1988. Although the vast majority of physicians are quite familiar with U. S. antitrust laws, Colorado Medical Society feels it important that our physician members be reminded of the seriousness of the subject.)

If you are like most people -- including, I might add, many members of the legal profession -- then antitrust hardly is a common topic of conversation. If you have thought about antitrust, it very likely may have seemed inscrutable, and probably at least slightly menacing.

In the brief time I have, I hope to demystify the application of antitrust laws to the medical profession. I also hope to allay any fears that you may harbor that the medical profession operates in the shadow of an irrational, nonsensical antitrust enforcement policy that is unfair and hostile to the profession.

At the same time, I hope to convey to you and your colleagues around the country that engaging in conduct that clearly harms the interest of America's health-care consumers and thus violates the antitrust laws can have serious consequences. Such conduct can be hazardous to your personal freedom -- you can go to jail. But the conduct you should avoid is reasonably straightforward and clear. By observing a few "dos" and "don'ts" that I will describe later, you can avoid any risk of criminal prosecution. I think doctors will find that they can live within the rules and still serve their patients and the high ideals of the profession.

Antitrust Laws Apply to the Profession

This group hardly needs an antitrust prosecutor to tell you that competition in the health-care delivery industry is here and intensifying. Whether or not professionals -- be they doctors, dentists, lawyers, engineers, or account-

ants -- like it, society has recognized that marketplace competition provides the most efficient and effective mechanism for keeping the cost of professional services down. And nowhere is the need for cost-containment more acute than in the area of health care. Competition and the market discipline it generates are simply the last best hope to slow sky-rocketing health-care costs that endanger the prospects for universal health care and threaten to hemorrhage the federal deficit. The discipline of competition is also the best way to stave off the push for socialized medicine.

"...we are the 'cops on the beat' who ensure that private organizations and individuals do not restrain competition."

As competition grows in importance, so does the role of the antitrust laws. In the medical profession, as in other professions and industries, the antitrust laws condemn private conduct that threatens to raise prices without creating any offsetting economic efficiency benefits. Private parties who are injured by antitrust violations can sue for civil relief -- that is, to stop the conduct and/or to recover three-times their damages.

The Federal Trade Commission and the Department of Justice enforce the antitrust laws for the federal government. Both can take action to enjoin civil violations of the law. The Department can also criminally prosecute

particularly serious violations. As criminal prosecutors, we are the "cops on the beat" who ensure that private organizations and individuals do not restrain competition. And we do our job, by prosecuting, for example, those independent competitors who fix the prices of their products or services, who agree not to deal with certain consumers, or who collude in responding to bid solicitations.

The medical profession, moreover, has no special status that exempts it from the antitrust laws in general or criminal prosecution in particular. As long ago as the late 1930's, the government successfully prosecuted organizations of medical professionals for criminal violations of the antitrust laws. For example, the Department successfully prosecuted the AMA for attempting to eliminate an employee-sponsored organization that sought to compete with fee-for-service doctors by providing medical care on a risk-sharing prepayment basis and employing physicians on a full-time, salaried basis.¹

If any doubt remained that the medical profession was fully subject to the antitrust laws, it was removed by the U. S. Supreme Court in 1975. In a decision that year,² the Court made clear that the antitrust laws do apply to learned professions. An exception to that rule can exist only if a state clearly authorizes and actively supervises private anti-competitive conduct or if Congress has explicitly exempted certain activity. Both Congress and the states have wisely chosen not to provide a general antitrust immunity to the medical profession.³

Of course, antitrust enforcement is sensitive to the relevant distinguishing

(Continued)

features of industries. Antitrust analysis thus takes into account circumstances that are peculiar to a particular industry and that can affect whether conduct by members of the industry will harm competition. The same is true in the health-care field.⁴ But none of the special circumstances that may exist in the medical profession renders the general antitrust rules inapplicable. It is, for example, no defense to claim that an agreement among doctors to fix minimum fees is necessary to generate sufficient profits to ensure a high level of quality, to provide "public service," or to safeguard ethical norms.⁵ Doctors, like just about everyone else who sells a product or service in the economy, must obey the antitrust laws.

Antitrust Policy Toward Collective Action By Doctors

The antitrust laws -- at least as they are interpreted and enforced today -- do not, however, restrict your freedom to adapt to changes in the health-care industry. One of the great success stories of this Administration has been the reform and rationalization of antitrust enforcement. Government enforcement officials and increasingly the courts are no longer predisposed to condemn commercial conduct simply because it is novel or profitable. Today antitrust enforcement policy is focused solely on preventing conduct that threatens to raise prices to consumers. The Department will not challenge conduct that economic analysis, marketplace experience, and common sense indicate carries no such threat or generates efficiency benefits that outweigh the threat.

In the case of the medical profession, we are well aware of the significant marketplace changes that are occurring -- particularly as medical technology becomes more sophisticated and expensive and importance of third-party payors grows. New forms of health-care delivery are evolving to meet the needs of consumers, who are themselves adjusting how they choose and pay for health care. Spurred by these changes, members of the medical profession have created innovations that lower the cost of delivering health care. Because le-

gitimate HMOs, PPOs, and IPAs -- even those that are organized and controlled by the health-care providers themselves -- hold the potential of lowering health-care costs, they are treated sympathetically by antitrust enforcers. Similarly, enforcement officials recognize that legitimate, responsible peer review can keep health-care costs down.⁶ For several years, now, officials in the Department, including myself, have given numerous speeches explaining how the Department's scalpel-like approach to antitrust enforcement should ensure that legitimate efforts by medical professionals to respond competitively to changes in health-care markets are neither punished nor chilled.⁷

"There is no simple set of rules..."

Doctors and other health-care professionals, however, should not confuse the greater sensitivity and rationality of antitrust enforcers with an "anything goes" policy. The fact is that even legitimate attempts to respond to the changing marketplace may, on balance, create so great a threat to competition that they violate the antitrust laws. In such a case, the enforcement agencies will seek a court or agency order to prohibit the conduct. This is known as civil relief.

My purpose today is not to describe all the subtleties of antitrust analysis in those situations in which enforcers or courts must identify anticompetitive effects and then balance them against procompetitive benefits. There is no simple set of rules that will in all circumstances allow doctors on their own to make the sometimes difficult judgments regarding whether a particular course of conduct would result in the government's effort to obtain civil relief. The best advice that I can give you is to consult with an experienced antitrust attorney when you engage in cooperative behavior with other professionals. I can promise you that the Department will be reasonable and fair in evaluating matters that come to our attention. We have no interest, save protecting the consumers, in interfering in the health-care marketplace. I am confident that with the help of experi-

enced counsel you can achieve practically any legitimate commercial or professional objective without violating the antitrust laws.

Criminal Prosecution of "Naked" Agreements Among Competitors

Sometimes, however, it is obvious that conduct is wholly inconsistent with the antitrust laws' mandate for competition. On those occasions, violations of the law are prosecuted criminally. Criminal violations, however, are also the most easily avoided by law-abiding doctors willing to devote a moderate amount of care to their interactions with competing professionals who agree to do something that blocks the free operation of the competitive process without any plausible promise of economic benefits for consumers. Such activity neither involves the creation of any real efficiencies -- it does not provide something that consumers want at less cost than could be done through independent action -- nor offers some new "product" that would otherwise be unavailable. Instead, it is activity that just eliminates competition, raises price, reduces the quantity of services provided, and thus reaps increased profits for physicians. When this is the case, it makes no difference whether the enriched doctors line their pockets with these profits or use them to increase the quality of care. "Naked" agreements of this kind -- to fix prices, to allocate territories, or to boycott competing health-care providers -- are unlawful regardless of their purpose and effect.

Doctors and other health-care professionals have a tremendous interest in avoiding conduct that constitutes a criminal antitrust violation. Such violations are felonies. Individuals can be sent to jail for as long as three years and fined up to \$250,000 for each violation. Under the new U.S. Sentencing Guidelines, which have been in effect since November, 1987, courts are generally required to put antitrust violators in jail for at least 4 months. However, the most severe and longest-lasting penalty of all is the devastation to families, careers, and community standing that results from the stigma that attaches to convicted felons. And as harshly as antitrust offenders are treated, the consequences are even more severe when violators try to cover up their deeds, lie to investigators, or otherwise obstruct

(Continued on page 507)



New Birth Certificate Form Required

The Colorado Certificates of Live Birth, Death and Fetal Death will be revised effective with January 1989 events. The new certificates will be Colorado specific versions of the decennially recommended U.S. Standard certificates.

The Colorado Department of Health has been introducing these revised certificates into hospitals and funeral homes during November and December 1988.

We would like to take this opportunity to share with you the current birth certificate in use and the new birth certificate that will be used beginning January 1989 and the major differences between the two. The November 15 issue of *Colorado Medicine* carried a feature regarding the revised death certificate.

Many of the changes on the birth certificate are format changes. The size of the birth certificate has increased from 8 1/4" x 8 1/4" to 8 1/2" x 14". The introduction of a check box format for a number of questions necessitates this change in size.

The upper portion of the current and new birth certificate is referred to as the legal portion. It is this portion that is used to create certified copies that parents need to obtain social security cards, enroll their children in school, etc. The following changes have occurred in the legal portion.

✓ The place of birth item has been changed to facilitate the identification of home births, births in free-standing birth centers, and births in clinics or physicians' offices. Such identification should permit analysis of the number and characteristics of births by type of facility.

✓ A space for Attendant's Name and Title has been added. This will permit separate identification of certified nurse midwives. The attendant's name is important for querying, and the title provides information to facilitate analysis of birth outcomes by type of attendant.

✓ Parents' Date of Birth rather than their age is required because date of birth is a more accurate measure of age and will be useful for record linkage and genealogy research.

The lower portion of the current and new birth certificate is referred to as the statistical portion. This portion is confidential and is NEVER part of the certified copy that parents receive. The following changes have occurred in the

statistical portion.

✓ Parents' origin has been a question in the statistical portion on the current birth certificate, however, Hispanic groups both nationally and in Colorado have requested that more specific data regarding Hispanics be asked. Of the two U.S. Census versions of the ethnicity question, the birth certificate will use the specific Hispanic ethnicity question. The question will provide much more accurate data for and about the Hispanic community. The responses to this new question should lead to more health related and demographic data for people of Hispanic origin.

✓ A new item in the statistical portion concerns transfers. This information is needed to evaluate the appropriateness of transfers and to measure maternal problems. This item will make it possible to analyze referral patterns to study the timely movement of high risk patients as well as analysis of perinatal outcomes.

✓ The prenatal blood test question was expanded to include HIV and Hepatitis B screenings as well as syphilis. The results of the test are statutorily prohibited from being entered on the birth certificate, however, the date the screening(s) were done should be entered.

The New Form
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Colorado Medicine

DATE REGISTERED BY STATE REGISTRAR	
105	
STATE FILE NUMBER	
DATE AND HOUR OF BIRTH (MONTH, DAY, YEAR, HOUR)	
3.	
4a. PLACE OF BIRTH	COUNTY OF BIRTH
4b.	4c.
DATE SIGNED (Month, Day, Year)	
5b.	
No., City, State, Zip)	
DATE RECEIVED BY REGISTRAR (Month, Day, Year)	
6b.	
7a. AGE (At time of this birth)	STATE OF BIRTH (If not in U.S.A., name country)
7b.	7c.
NUMBER	INSIDE CITY LIMITS (Yes or No)
	8e.
ZIP	
10b. AGE (At time of this birth)	STATE OF BIRTH (If not in U.S.A., name country)
10c.	10d.
RELATION TO CHILD	
11b.	
15b. IF NOT SINGLE BIRTH—Born first, second, third, etc.	16. IS MOTHER MARRIED? (Yes or No)
EDUCATION—FATHER (Specify only highest grade completed)	
Elementary or Secondary (0-12)	College (1-4 or 5+)
20.	
PRENATAL VISITS Total number or check "none"	
23b.	24a. 1 min. APGAR SCORE 5 min.
None <input type="checkbox"/>	24b.
<input type="checkbox"/> None	
PREPREGNANCY (Describe or check "none")	
<input type="checkbox"/> None	
(Describe or check "none")	
<input type="checkbox"/> None	
(check "none")	
<input type="checkbox"/> None	

33a. Now Living	33b. Now Dead	33c. DATE OF LAST LIVE BIRTH (Month, Year)	33d. Number <input type="checkbox"/> None
41a. 1 Minute	41b. 5 Minutes	41c. DATE OF LAST OTHER TERMINATION (Month, Year)	41d. PRENATAL BLOOD TEST DATE (Month, Day, Year)
41. APGAR SCORE		42. PRENATAL BLOOD TEST	
38. BIRTH WEIGHT (Specify unit)		39. CLINICAL ESTIMATE OF GESTATION (Weeks)	
40a. PLURALITY - Single, Twin, Triplet, etc. (Specify)		40b. IF NOT SINGLE BIRTH - Born First Second Third, etc. (Specify)	
43a. MOTHER TRANSFERRED PRIOR TO DELIVERY? If Yes, enter name of facility transferred from <input type="checkbox"/> No <input type="checkbox"/> Yes			

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Here is the current Birth Certificate Form

The New Form, as revised for 1989 use and for following years, is on the reverse. We have reproduced these forms here full size in order to permit you to gain a firsthand view of the changes and additions made by the Colorado Department of Health. Please take a few moments to familiarize yourself with the format of the new form so that you will be able to use it without difficulty beginning in 1989.

The quality and completeness of reporting for the following open ended questions in the statistical section on the current birth certificate has been poor.

- ✓ Complications of pregnancy
- ✓ Concurrent illnesses or conditions affecting the pregnancy
- ✓ Complications of labor and/or delivery
- ✓ Congenital malformations or anomalies of child.

Possible reasons for the poor reporting may have been that these questions were too open ended and hospital personnel perhaps did not know what to report. Therefore, it was recommended that these items be retained but reformat- ted as check box items. There was some concern about the length of the certi- ficate but it was felt the anticipated im- provement in reporting would justify the increased size. During a test period in 1986 this change in format yielded improved statistical data regarding births.

- ✓ A question regarding parents' most recent occupation is a new addition. It was recommended that these items be added to the birth certificate to obtain information on the potential impact of the work environment on the fetus. The data will be collected for both parents because the mother or father could have been exposed to chromo- somal damage and the father could have introduced toxic chemicals from the workplace into the home.

If you have any questions or concerns regarding the 1989 Certificate of Live Birth, we can be reached by mail at the Division of Health Statistics and Vital Records, 4210 East 11th Avenue, Den- ver, CO 80220; or by telephone at (303) 331-4893.

C/M

DATE REGISTERED BY STATE REGISTRAR											
STATE OF COLORADO CERTIFICATE OF LIVE BIRTH											
STATE FILE NUMBER 105											
COLORADO DEPARTMENT OF HEALTH AD RS 15 (Rev. 1-78) THIS IS A PERMANENT RECORD USE BLACK INK OR TYPEWRITER WITH BLACK RIBBON	CHILD	CHILD-NAME FIRST		MIDDLE	LAST	SEX	DATE AND HOUR OF BIRTH (MONTH, DAY, YEAR, HOUR)				
		HOSPITAL-NAME (If not in hospital, give street and number)					CITY, TOWN OR LOCATION OF BIRTH		COUNTY OF BIRTH		
		CERTIFIER — I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.					DATE SIGNED (Month, Day, Year)				
		NAME (Type or print)					MOTHER'S MAILING ADDRESS (Street, City, State, Zip)				
PARENTS	PARENTS	MOTHER-NAME FIRST		MIDDLE	LAST (MAIDEN)	AGE (At time of this birth)	STATE OF BIRTH (If not in U.S.A., name country)				
		RESIDENCE-STATE		COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Yes or No)			
		MOTHER'S MAILING ADDRESS								ZIP	
		FATHER-NAME FIRST		MIDDLE	LAST	AGE (At time of this birth)	STATE OF BIRTH (If not in U.S.A., name country)				
		I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.								RELATION TO CHILD	
		11a. (Signature of Informant)								11b.	
		INFORMATION FOR MEDICAL AND HEALTH USE ONLY									
		MOTHER-RACE (White, Black, American Indian, etc.)		FATHER-RACE (White, Black, American Indian, etc.)		BIRTH WEIGHT		THIS BIRTH (Single, twin, triplet, etc.)		IF NOT SINGLE BIRTH—Born first, second, third, etc.	IS MOTHER MARRIED? (Yes or No)
		ORIGIN OR DESCENT (Italian, Mexican, English, etc.)		ORIGIN OR DESCENT (Italian, Mexican, English, etc.)		EDUCATION—MOTHER (Specify only highest grade completed)		EDUCATION—FATHER (Specify only highest grade completed)			
		PREVIOUS PREGNANCIES (Complete each section)		DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)		MONTH OF PREGNANCY PRENATAL CARE BEGAN (First, second, etc.)		PRENATAL VISITS (Total number or check "none")		1 min. APGAR SCORE 5 min.	
LIVE BIRTHS		OTHER TERMINATIONS (Spontaneous and Induced)		COMPLICATIONS OF PREGNANCY (Describe or check "none")							
21a. Now living		21b. Now dead		21d. Before 20 weeks		21e. 20 weeks and after					
21c. DATE OF LAST LIVE BIRTH (Month, Year)		21f. DATE OF LAST OTHER TERMINATION (Month, Year)		22. CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY (Describe or check "none")							
21g. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21h. PROPHYLACTIC DRUG KIND		23. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21i. DATE OF LAST LIVE BIRTH (Month, Year)		21j. DATE OF LAST OTHER TERMINATION (Month, Year)		24. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21k. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21l. PROPHYLACTIC DRUG KIND		25. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21m. DATE OF LAST LIVE BIRTH (Month, Year)		21n. DATE OF LAST OTHER TERMINATION (Month, Year)		26. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21o. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21p. PROPHYLACTIC DRUG KIND		27. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21q. DATE OF LAST LIVE BIRTH (Month, Year)		21r. DATE OF LAST OTHER TERMINATION (Month, Year)		28. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21s. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21t. PROPHYLACTIC DRUG KIND		29. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21u. DATE OF LAST LIVE BIRTH (Month, Year)		21v. DATE OF LAST OTHER TERMINATION (Month, Year)		30. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21w. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21x. PROPHYLACTIC DRUG KIND		31. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21y. DATE OF LAST LIVE BIRTH (Month, Year)		21z. DATE OF LAST OTHER TERMINATION (Month, Year)		32. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21aa. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21ab. PROPHYLACTIC DRUG KIND		33. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21ac. DATE OF LAST LIVE BIRTH (Month, Year)		21ad. DATE OF LAST OTHER TERMINATION (Month, Year)		34. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21ae. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21af. PROPHYLACTIC DRUG KIND		35. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21ag. DATE OF LAST LIVE BIRTH (Month, Year)		21ah. DATE OF LAST OTHER TERMINATION (Month, Year)		36. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21ai. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21aj. PROPHYLACTIC DRUG KIND		37. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21ak. DATE OF LAST LIVE BIRTH (Month, Year)		21al. DATE OF LAST OTHER TERMINATION (Month, Year)		38. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21am. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21an. PROPHYLACTIC DRUG KIND		39. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21ao. DATE OF LAST LIVE BIRTH (Month, Year)		21ap. DATE OF LAST OTHER TERMINATION (Month, Year)		40. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21aq. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21ar. PROPHYLACTIC DRUG KIND		41. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21as. DATE OF LAST LIVE BIRTH (Month, Year)		21at. DATE OF LAST OTHER TERMINATION (Month, Year)		42. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21au. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21av. PROPHYLACTIC DRUG KIND		43. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21aw. DATE OF LAST LIVE BIRTH (Month, Year)		21ax. DATE OF LAST OTHER TERMINATION (Month, Year)		44. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21ay. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21az. PROPHYLACTIC DRUG KIND		45. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21ba. DATE OF LAST LIVE BIRTH (Month, Year)		21bb. DATE OF LAST OTHER TERMINATION (Month, Year)		46. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bc. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21bd. PROPHYLACTIC DRUG KIND		47. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21be. DATE OF LAST LIVE BIRTH (Month, Year)		21bf. DATE OF LAST OTHER TERMINATION (Month, Year)		48. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bg. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21bh. PROPHYLACTIC DRUG KIND		49. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bi. DATE OF LAST LIVE BIRTH (Month, Year)		21bj. DATE OF LAST OTHER TERMINATION (Month, Year)		50. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bk. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21bl. PROPHYLACTIC DRUG KIND		51. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bm. DATE OF LAST LIVE BIRTH (Month, Year)		21bn. DATE OF LAST OTHER TERMINATION (Month, Year)		52. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bo. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21bo. PROPHYLACTIC DRUG KIND		53. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bp. DATE OF LAST LIVE BIRTH (Month, Year)		21bp. DATE OF LAST OTHER TERMINATION (Month, Year)		54. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bq. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21bq. PROPHYLACTIC DRUG KIND		55. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21br. DATE OF LAST LIVE BIRTH (Month, Year)		21br. DATE OF LAST OTHER TERMINATION (Month, Year)		56. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bs. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21bs. PROPHYLACTIC DRUG KIND		57. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bt. DATE OF LAST LIVE BIRTH (Month, Year)		21bt. DATE OF LAST OTHER TERMINATION (Month, Year)		58. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bu. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21bu. PROPHYLACTIC DRUG KIND		59. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bv. DATE OF LAST LIVE BIRTH (Month, Year)		21bv. DATE OF LAST OTHER TERMINATION (Month, Year)		60. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bw. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21bw. PROPHYLACTIC DRUG KIND		61. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bx. DATE OF LAST LIVE BIRTH (Month, Year)		21bx. DATE OF LAST OTHER TERMINATION (Month, Year)		62. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21by. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21by. PROPHYLACTIC DRUG KIND		63. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21bz. DATE OF LAST LIVE BIRTH (Month, Year)		21bz. DATE OF LAST OTHER TERMINATION (Month, Year)		64. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21ca. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21ca. PROPHYLACTIC DRUG KIND		65. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cb. DATE OF LAST LIVE BIRTH (Month, Year)		21cb. DATE OF LAST OTHER TERMINATION (Month, Year)		66. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cc. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21cc. PROPHYLACTIC DRUG KIND		67. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cd. DATE OF LAST LIVE BIRTH (Month, Year)		21cd. DATE OF LAST OTHER TERMINATION (Month, Year)		68. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21ce. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21ce. PROPHYLACTIC DRUG KIND		69. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cf. DATE OF LAST LIVE BIRTH (Month, Year)		21cf. DATE OF LAST OTHER TERMINATION (Month, Year)		70. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cg. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21cg. PROPHYLACTIC DRUG KIND		71. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21ch. DATE OF LAST LIVE BIRTH (Month, Year)		21ch. DATE OF LAST OTHER TERMINATION (Month, Year)		72. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21ci. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21ci. PROPHYLACTIC DRUG KIND		73. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cj. DATE OF LAST LIVE BIRTH (Month, Year)		21cj. DATE OF LAST OTHER TERMINATION (Month, Year)		74. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21ck. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21ck. PROPHYLACTIC DRUG KIND		75. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cl. DATE OF LAST LIVE BIRTH (Month, Year)		21cl. DATE OF LAST OTHER TERMINATION (Month, Year)		76. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cm. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21cm. PROPHYLACTIC DRUG KIND		77. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cn. DATE OF LAST LIVE BIRTH (Month, Year)		21cn. DATE OF LAST OTHER TERMINATION (Month, Year)		78. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21co. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21co. PROPHYLACTIC DRUG KIND		79. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cp. DATE OF LAST LIVE BIRTH (Month, Year)		21cp. DATE OF LAST OTHER TERMINATION (Month, Year)		80. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cq. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21cq. PROPHYLACTIC DRUG KIND		81. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cr. DATE OF LAST LIVE BIRTH (Month, Year)		21cr. DATE OF LAST OTHER TERMINATION (Month, Year)		82. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cs. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21cs. PROPHYLACTIC DRUG KIND		83. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21ct. DATE OF LAST LIVE BIRTH (Month, Year)		21ct. DATE OF LAST OTHER TERMINATION (Month, Year)		84. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cu. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21cu. PROPHYLACTIC DRUG KIND		85. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cv. DATE OF LAST LIVE BIRTH (Month, Year)		21cv. DATE OF LAST OTHER TERMINATION (Month, Year)		86. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cw. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21cw. PROPHYLACTIC DRUG KIND		87. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cx. DATE OF LAST LIVE BIRTH (Month, Year)		21cx. DATE OF LAST OTHER TERMINATION (Month, Year)		88. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cy. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21cy. PROPHYLACTIC DRUG KIND		89. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21cz. DATE OF LAST LIVE BIRTH (Month, Year)		21cz. DATE OF LAST OTHER TERMINATION (Month, Year)		90. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21da. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21da. PROPHYLACTIC DRUG KIND		91. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21db. DATE OF LAST LIVE BIRTH (Month, Year)		21db. DATE OF LAST OTHER TERMINATION (Month, Year)		92. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21dc. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21dc. PROPHYLACTIC DRUG KIND		93. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21dd. DATE OF LAST LIVE BIRTH (Month, Year)		21dd. DATE OF LAST OTHER TERMINATION (Month, Year)		94. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21de. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21de. PROPHYLACTIC DRUG KIND		95. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21df. DATE OF LAST LIVE BIRTH (Month, Year)		21df. DATE OF LAST OTHER TERMINATION (Month, Year)		96. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21dg. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21dg. PROPHYLACTIC DRUG KIND		97. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21dh. DATE OF LAST LIVE BIRTH (Month, Year)		21dh. DATE OF LAST OTHER TERMINATION (Month, Year)		98. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21di. PRENATAL BLOOD TEST DATE (Month, Day, Year)		21di. PROPHYLACTIC DRUG KIND		99. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							
21dj. DATE OF LAST LIVE BIRTH (Month, Year)		21dj. DATE OF LAST OTHER TERMINATION (Month, Year)		100. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or check "none")							

STATE OF COLORADO CERTIFICATE OF LIVE BIRTH

105

STATE FILE NUMBER

INFANT	1 CHILD-NAME (FIRST, MIDDLE, LAST)			2 DATE AND HOUR OF BIRTH (Month, Day, Year, Hour)										
	3 SEX		4 CITY, TOWN, OR LOCATION OF BIRTH		5 COUNTY OF BIRTH									
	6 PLACE OF BIRTH <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____			7 FACILITY NAME (If not institution, give street and number)										
ATTENDANT	8 I certify that this child was born alive at the place and time and on the date stated.		9 DATE SIGNED (Month, Day, Year)		10 ATTENDANT'S NAME AND TITLE (If other than Certified) (Type/Print) Name _____ <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other (Specify) _____									
	11 CERTIFIER'S NAME AND TITLE (Type/Print) Name _____ <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Hospital Admin. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other (Specify) _____		12 ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code)											
	13 REGISTRAR'S SIGNATURE		14 DATE FILED BY REGISTRAR (Month, Day, Year)											
MOTHER	15 MOTHER-NAME (FIRST, MIDDLE, LAST (MAIDEN))			16 DATE OF BIRTH (Month, Day, Year)										
	17 BIRTHPLACE (State or Foreign Country)		18a RESIDENCE-STATE		18b COUNTY									
	18c CITY, TOWN OR LOCATION		18d ZIP		18e STREET AND NUMBER									
FATHER	19 FATHER-NAME (FIRST, MIDDLE, LAST)			20 DATE OF BIRTH (Month, Day, Year)										
	21 BIRTHPLACE (State or Foreign Country)		22 RELATION TO CHILD		23 I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief Signature of Parent or Other Informant _____									
	INFORMATION FOR MEDICAL AND HEALTH USE ONLY 25 RACE: American Indian, Black, White, etc. (Specify) _____ 26 HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO 27 EDUCATION: (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+) _____ 28a MOST RECENT OCCUPATION _____ 28b KIND OF BUSINESS OR INDUSTRY _____ 28c NAME AND LOCALITY OF COMPANY OR FIRM _____ 29 RACE: American Indian, Black, White, etc. (Specify) _____ 30 HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO 31 EDUCATION: (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+) _____ 32a MOST RECENT OCCUPATION _____ 32b KIND OF BUSINESS OR INDUSTRY _____ 32c NAME AND LOCALITY OF COMPANY OR FIRM _____ 32d EMPLOYED DURING THIS PREGNANCY? <input type="checkbox"/> NO <input type="checkbox"/> YES													
MOTHER	33 PREGNANCY HISTORY (Complete each section) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">LIVE BIRTHS (Do not include this child)</td> <td>OTHER TERMINATIONS (Spontaneous and induced at any time after conception)</td> </tr> <tr> <td>33a Now Living Number _____ <input type="checkbox"/> None</td> <td>33b Now Dead Number _____ <input type="checkbox"/> None</td> <td>33d _____ <input type="checkbox"/> None</td> </tr> <tr> <td colspan="2">33c DATE OF LAST LIVE BIRTH (Month, Year)</td> <td>33e DATE OF LAST OTHER TERMINATION (Month, Year)</td> </tr> </table>					LIVE BIRTHS (Do not include this child)		OTHER TERMINATIONS (Spontaneous and induced at any time after conception)	33a Now Living Number _____ <input type="checkbox"/> None	33b Now Dead Number _____ <input type="checkbox"/> None	33d _____ <input type="checkbox"/> None	33c DATE OF LAST LIVE BIRTH (Month, Year)		33e DATE OF LAST OTHER TERMINATION (Month, Year)
	LIVE BIRTHS (Do not include this child)		OTHER TERMINATIONS (Spontaneous and induced at any time after conception)											
	33a Now Living Number _____ <input type="checkbox"/> None	33b Now Dead Number _____ <input type="checkbox"/> None	33d _____ <input type="checkbox"/> None											
33c DATE OF LAST LIVE BIRTH (Month, Year)		33e DATE OF LAST OTHER TERMINATION (Month, Year)												
34 MOTHER MARRIED? (At birth, conception or any time between) (Yes or No) _____ 35 DATE LAST NORMAL MENSES BEGAN (Month, Day, Year) _____ 36 MONTH OF PREGNANCY PRENATAL CARE BEGAN - First, Second, Third, etc. (Specify) _____ 37 PRENATAL VISITS - Total Number (If none, so state) _____ 38 BIRTH WEIGHT (Specify unit) _____ 39 CLINICAL ESTIMATE OF GESTATION (Weeks) _____ 40a PLURALITY - Single, Twin, Triplet, etc. (Specify) _____ 40b IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify) _____ 41a APGAR SCORE 41a 1 Minute _____ 41b 5 Minutes _____ 42 PRENATAL BLOOD TEST DATE (Month, Day, Year) _____ Check screenings that apply _____ () Syphilis () HIV () Hepatitis B 43a MOTHER TRANSFERRED PRIOR TO DELIVERY? If yes, enter name of facility transferred from _____ <input type="checkbox"/> No <input type="checkbox"/> Yes 43b INFANT TRANSFERRED? If yes, enter name of facility transferred to _____ <input type="checkbox"/> No <input type="checkbox"/> Yes														
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50 PARENT(S) REQUESTS SOCIAL SECURITY NUMBER BE ISSUED FOR CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No														

ADRS-15 1-89

CHILD SURVEILLING UNIT apply: <input type="checkbox"/> Syphilis <input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis-B		NEW INFANT TRANSFERRED? If yes, enter name of facility transferred to: _____	
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from page 503...

our investigations.

I wish I could come before you today and give the medical profession a clean bill of antitrust health; unfortunately, I cannot. There are a few in the profession who it appears may have chosen to hold themselves above the law.

For example, we have heard about doctors organizing to block new delivery systems, not by lobbying government, but by agreeing to withhold their services or to boycott doctors who do agree to provide their services. This kind of behavior is not unlike that prosecuted nearly 50 years ago in the AMA case.

We also have heard allegations that groups of independent doctors, while in the process of negotiating with PPOs, meet secretly to agree to a minimum price or to other terms that they will insist upon when they discuss their participation in the PPO.

Even when they are not negotiating with new PPOs or HMOs, we have heard allegations that some doctors agree to allocate patients among themselves on the basis of the patient's residence or some other criteria.

The Department is currently conducting several grand jury investigations into allegations such as these. We are prepared to indict and fully to prosecute the professionals involved if the evidence warrants it. And we are on the lookout for other possible violations that merit criminal investigation.

The allegations of antitrust crimes by members of the medical profession are disturbing; if they prove to be true, they are scandalous. Antitrust crimes in any segment of society is a cause for serious concern. They are particularly troubling when committed by those like doctors in whom society reposes such tremendous trust and respect.

Some Rules to Live By

I am confident that the vast majority of you in the medical profession genuinely wish to comply with the law. And an ounce of prevention is, as they say, worth a pound of cure. So let me tell you what you can do to avoid the risk of criminal investigation and prosecution.

The antitrust laws should not be thought to create an inherently gray zone of danger any time you so much as glance at a fellow professional. Unlike in the area of civil antitrust enforcement, criminal violations can be rather

easily avoided by following a set of basic, simple, and easy-to-remember rules:

- First, do not agree with competing independent doctors on any term of price, quantity, or quality -- including fee schedules and relative value scales;
- Second, do not agree with competing independent doctors on the patients that you are willing to serve, the locations from which you are permitted to draw patients, or where you will locate your offices, and;
- Third, do not agree with competing independent doctors to refuse to offer your services to alternative delivery systems.
- There can be exceptions to these general rules, particularly when the agreement is in the context of participation in a legitimate alternative delivery system. However, you should never act as if an exception applies until after you have consulted an experienced antitrust lawyer or until you obtain adequate assurance that competent counsel has structured the system to eliminate antitrust problems.

These rules are purposefully broad and clear in order to keep doctors out of the danger zone. The safe course is to avoid the temptation to hedge on the rules or to hope that you can avoid their spirit by "technically" complying with the rules. That would be too clever by half. For example, these rules direct you away from agreements with your competitors, regardless of the way in which the agreements are reached. Do not assume that simply because you do not sign an agreement or do not actually say "I agree" to prohibited conduct that you will be safe from prosecution. If the circumstances make it clear that doctors have mutually committed to undertake certain prohibited conduct, they will be prosecuted.

Finally, I must acknowledge that there could be conduct not described by these rules that clearly and unequivocally threatens competition and that might result in criminal indictment. As a general matter, therefore, you should keep one additional caveat in mind: Never think you have the right by whatever private means to override the forces of competition -- even when they do not seem to be providing sufficient quality or sufficient remuneration. If consumers' preferences -- as expressed through the voice of the

marketplace -- are for low-cost rather than traditional fee-for-service medical care, you may not overcome those desires by agreement among yourselves. Those decisions are for Congress alone to make.

Conclusion

The Department's position with respect to antitrust violations by medical professionals are not motivated by officious bureaucratic impulses or by prosecutorial zeal. Rather, the Department's enforcement policy is necessary to ensure that society's decision to rely on competition to hold down health-care costs will not be frustrated by a handful of greedy individuals. When such individuals do choose to violate the law and society's trust, they will be caught in the same criminal prosecution net that has already swept in more than 1,300 corporate and individual price fixers and bid riggers in the last eight years. So be careful.

Footnotes:

¹ *American Medical Association v. United States*, 317 U.S. 519 (1943).

² *Goldfarb v. Virginia State Bar*, 421 U.S. 773, 787 (1975) ("[w]e cannot find support for the proposition that Congress intended any such sweeping exclusion" of learned professions from antitrust regulations).

³ *In the Health Care Quality Improvement Act of 1986*, Congress has provided for a limited exemption from antitrust damages for certain peer review activities. Pub. L. No. 99-660, codified at 42 U.S.C. §§ 11101 et. seq. Under that Act, professional review bodies and various persons connected with those bodies are generally immune from damages for "professional review actions" as long as those actions meet certain standards.

⁴ See, e.g., *Goldfarb*, 421 U.S. at 788 n. 17 ([T]he fact that a restraint operates upon a profession as distinguished from a business is, of course, relevant in determining whether that particular restraint violates the Sherman Act.").

⁵ See *National Society of Professional Engineers v. United States*, 435 U.S. 679 (1978); see also *Arizona v. Maricopa County Medical Society*, 457 U.S. 332 (1982).

⁶ See Letter to Kirk B. Johnson, Esq., American Medical Association, from Charles F. Rule, Acting Assistant Attorney General, Antitrust Division, U.S. Department of Justice, December 1, 1986 ("even if a peer review determination does not qualify for [immunity under the Health Care Quality Improvement Act of 1986], that does not necessarily mean that the peer review violates the antitrust laws").

⁷ See, e.g., "Antitrust in the Health Care Field: Distinguishing Resistance from Adaptation," Remarks of Charles F. Rule, Assistant Attorney General, Antitrust Division, Department of Justice, Before the Antitrust Section of the Connecticut Bar and the Connecticut Health Lawyers Association (Mar. 11, 1988); "Preferred Provider Organization and the Antitrust Laws," Remarks of J. Paul McGrath, Assistant Attorney General, Antitrust Division, U.S. Department of Justice, Before the American Bar Association Antitrust Section Spring Meeting (March 22, 1985); "Health Care: Competition or Regulation," Remarks by Donald L. Flexner, Deputy Assistant Attorney General, Antitrust Division, Department of Justice, Before the National Health Lawyers Association (Jan. 9, 1979).

C/M

The No Martini Lunch CPHP Report

by Stephen L. Dilts, MD, PhD, Medical Director,
Colorado Physician Health Program.

The longer I work in the substance abuse field, the more impressed I am with the confusion of attitudes in our society about addictive substances. Clearly physicians, as part of this society, share the same confused ideas about the differences between legal and illegal drugs. In terms of massive impact on society for health costs, nicotine and alcohol greatly outweigh the social costs of any other addictive drugs and in fact the impact of nicotine or alcohol alone exceeds the impact of all other drug problems combined. We pay attention to glamorous topics such as cocaine and ignore our own dependence on alcohol, nicotine and legally prescribed psychoactive medications as a way of handling life.

In my work in the Colorado Physician Health Program, it has become increasingly clear to me that physicians view illegal drug use as an activity that could impair their practices but do not stop to consider how the use of legal substances can do exactly the same thing. This is seen most clearly in the role of alcohol in a physician's life and the ways that

How do legal drugs and alcohol affect a physician's ability?

use can affect a medical practice. None of us would doubt that a physician who uses intravenous drugs at lunch time might be impaired in either hospital or office practice at 1 pm. However, we don't stop to think about what impact the use of alcohol at lunch time or while we are on call might have on performance as a physician. None of us would have

trouble saying that the consumption of a six pack of beer at lunch time would be considered problematic for the physician's practice after lunch, but where do we draw the line? If a physician has a one or two martini lunch, is this liable to have an impact on the ability to practice medicine after lunch? I have become quite sure in my own mind that I would not want to be operated on by a physician who had had a drink in recent hours. Once again, where do we draw the line? Should I trust my internist to perform at the best level possible, if I have an office visit after that internist has consumed alcohol? Should I feel satisfied if my child's pediatrician takes an after hours phone while taking part in social drinking?

There are many physicians who would agree with me that the use of any mind altering substance while at work or on call is not acceptable. However, this is not a topic about which we are educated in medical school or in our house staff years. When I finished my residency I

They don't teach these things in medical school

had no idea that the area I am now discussing could be a problem and I did use alcohol when on call and sometimes at lunch. More importantly, my thinking has changed since my exposure to these problems in my work, and has made me step back and think seriously about our social views.

When I discuss this topic with people, The question of whether a physician can work when needing medication for an illness arises. For example, a common cold may require the use of antihista-

mines; this is an area where judgment must be used. Physicians as a whole tend to overwork, and we all tend to keep on working when sick, even in conditions

Our patients deserve the best

under which we would send our patients home.

In summary, I believe that our patients deserve to receive our services when we are functioning at our best and I believe that our loose attitudes concerning the use of legal mind altering substances, especially alcohol, prevent us from providing that level of service at times. *CLM*

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